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PROVINCE NOVA SCOTIA

REPORT OF THE

Department of Public Health

FOR THE

Year ending November 30th, 1941

AND OF THE

Deputy Registrar General

CONTAINING THE

Vital Statistics of the Province

For the Year ending December 31st, 1940



HALIFAX, N. S.
PROVINCIAL SECRETARY
KING'S PRINTER
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Department of Public Health

FOR THE

Year ending November 30th 1941

AND BY THE

Deputy Registrar General

JOHN W. WILSON

Vital Statistics of the Province

For the Year ending December 31st 1941

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REPORT OF THE CHIEF DEATH OFFICER
TO THE HONOURABLE
FRANK E. DAVIS, M.D., F.A.C.S.,
Minister of Health
I have the honour to submit my report for the year ending

TO HIS HONOUR,

THE HONOURABLE FREDERICK F. MATHERS, K.C.,

Lieutenant-Governor of Nova Scotia.

Sir:—

I beg to present herewith the Report of the Department of the Public Health for the year ending November 30th, 1941 and of the Deputy Registrar General containing the Vital Statistics of the Province for the year ending December 31st, 1940.

I have the honour to be,

Sir,

Your most obedient Servant,

F. R. DAVIS,

Minister of Health.

The Director of the Department of Health and the Registrar General have had much and successful work to do in the past year, such as the development of the Department of Health, the control of communicable diseases, the control of the food supply, the control of the water supply and the control of the public health. In their work they have been assisted by the various departments of the Government and the various municipalities. They have also been assisted by the various voluntary organizations and the various individuals who are interested in the public health.

REPORT OF THE CHIEF HEALTH OFFICER

TO THE HONOURABLE

FRANK R. DAVIS, M.D., F.A.C.S.,

Minister of Health.

Sir:—

I have the honour to submit my report for the year ending November 30th, 1941.

I am pleased indeed to report that another record health year has just closed. This statement is made after reviewing, critically, the statistical tables recently completed covering the calendar year 1940. The general death rate has reached a new low figure and progress in the control of preventable diseases has continued unabated. Perhaps the greatest single achievement has been the decline in mortality from Tuberculosis. The mortality rate of this disease now stands at 73.8, the lowest ever recorded. Diphtheria presented the only shadow on an otherwise bright or clearing horizon. The incidence of this disease began to increase in the Autumn of 1940 and gradually assumed epidemic proportions in one sector of the Province. The appearance of an unusual number of cases resulted in a better mobilization of forces to prevent its spread and while the response to the protective measures offered was not completely satisfactory, nevertheless many thousands availed themselves of the protection afforded through toxoid. This outbreak brought home to us the fact that Diphtheria must be considered an adult disease as well as a childhood one. An astonishingly large number of the older age group was affected and a surprisingly high percentage of adults, as measured by the Schick Test, was found susceptible.

The directors of the five health units into which the Province is divided have had busy and successful years. It takes a complex organization, such as we are developing, to maintain efficiency in controlling communicable diseases, in giving all citizens pure milk and water supplies and in putting into practice all known scientific means for the protection of the public health. In their every day work our principal officers have been given many unusual problems to solve. They have, without exception, responded nobly to the many demands made upon them.

It is now generally agreed that disease of the teeth is detrimental to general health. The department is therefore giving

due recognition to the place of dental health hygiene in a general health programme. With the assistance of the Nova Scotia Dental Society and the Oral Hygiene Committee an attempt is being made to bring dentistry and medicine together. In this way it is hoped that a general oral health educational programme will be made possible throughout the Province. During the year the dental trailer car visited as many isolated sections as possible. While this project is primarily an educational one, nevertheless it was possible to give remediable care to approximately fifteen hundred school children who otherwise would not have received any dental care at all. 2,500 extractions were done, 2,000 fillings were made and 4,500 prophylactic treatments were given.

We have all endeavoured to assist and we hope in a measure have succeeded in assisting our armed forces in solving their health problems. We realize that nothing must interfere with or delay the work of National Defence. We shall continue to give of our best in maintaining modern health standards in the forces, even if it means longer hours on duty and more difficult work. War demands sacrifices, to which our public health organization is prepared to contribute until victory is achieved.

Heart Disease

This the leading cause of death claimed 980 lives in 1940. In 1939 there were 997, in 1938—868; in 1937—820; in 1936—811. As a consequence of the aging process the number dying from so called degenerative diseases will continue to slowly increase. The increase however has not been alarming during the past five year period. A good many of the heart affections are the direct outcome of certain communicable diseases. By controlling these diseases the toll from heart conditions will not rise as rapidly as it otherwise would.

Cancer

Deaths from Cancer and other malignant tumors in the last five years were as follows: 1936—687; 1937—717; 1938—688; 1939—730; 1940—762. This indicates little change in the trend of mortality from this disease so characteristic of middle and later life. Of recent years educational programmes, designed to enlighten the public regarding Cancer and its behaviour, have been conducted by both voluntary and official agencies. As to the results of our educational endeavours in this direction, time only will reveal.

Tuberculosis

In 1940 there were 415 deaths from all forms of Tuberculosis yielding a rate of 73.8 per 100,000 population. In 1908 the rate was approximately 230. This indicates that Tuberculosis is forced to retreat before the advances of modern public health and further that the disease can eventually be controlled.

While advances towards the control of this disease have been satisfactory and indeed, at times, spectacular we still realize that the goal has not yet been attained. Much remains to be done. Of recent years our programme of prevention has pivoted about the open or spreading case. Special efforts have been made to have as many open cases as possible placed in institutional beds where they are not only taken out of circulation but are given preventive instruction so that should they return to their homes before becoming closed, they will not be the menaces they formerly were. With hundreds of spreading cases segregated and under supervision, the benefit to the community is at once apparent. While under institutional care many of the open cases can be closed and in this way the sources of infection reduced materially. Reducing the number of sources of infection reduces the morbidity in the community and at the same time brings us closer to our objective.

During the year the field work, which is the most important part of the control plan, has been improved and extended. Our officers have continued their survey of young adult groups, normal and other school students and have enlarged upon the supervision of contact cases. Their reports should be carefully studied by all persons interested in Tuberculosis control.

In the year past 744 persons received treatment in the Nova Scotia Sanatorium and 488 in the local hospitals equipped with Tuberculosis sections. In addition 158 were cared for in the Halifax Tuberculosis Hospital and 20 in Lourdes Sanatorium.

Whooping Cough

There were 53 deaths from this cause in 1940. In 1939 there were 60, in 1938—6; in 1937—44; in 1936—98. This disease takes more young lives than any other acute infection excepting of course such diseases as Influenza and Pneumonia. It is most fatal in young children; therefore, from the public health viewpoint, it is one of the serious diseases of childhood. The younger the child the greater the probability of the attack proving fatal. Considerable study has been made in

developing a preventive Vaccine known as "Sauers." Confidence in the effectiveness of this Vaccine is increasing and physicians are advised to use it with the hope of reducing the prevalence of this disease.

Diphtheria

Twenty-one persons died of Diphtheria in 1940. In 1939 there were 15 deaths, in 1938—23; in 1937—11; in 1936—17.

The serious outbreak of this disease in the Autumn of 1940 has already been referred to. This occurrence should serve as a warning to parents and guardians to have their children, particularly their infants, protected through the administration of toxoid. Our failure to wipe out the mortality from Diphtheria is in large measure due to the apathy of parents. The means of preventing this disease is one of the real accomplishments of public health. Babies usually inherit a natural immunity to Diphtheria, which is soon lost, so that at the age of about six months most of them have become susceptible. If the parents would see to it that their children are toxoided between the ages of six months and a year, fear of contracting the disease might be eliminated. If we are ever going to wipe out Diphtheria we must concentrate on a programme of immunizing the babies.

Scarlet Fever

In the calendar year 1940 two deaths were recorded as due to Scarlet Fever. This is the lowest mortality so far reported from this cause. We are encouraged to believe this is due to the more widespread use of toxin, which is highly recommended for prevention.

Measles

Measles accounted for 15 deaths in 1940, twelve more than in 1939. The usual methods used to prevent its spread are not completely successful. Epidemics have a tendency to recur every three or four years, likely due to the accumulation of new groups of susceptible persons. While the use of immune serum and adult blood will, if given at the proper times, prevent or mitigate, nevertheless until a more practical method of prevention becomes available Measles will continue to be a source of worry to health officials.

Infantile Paralysis

Deaths from Infantile Paralysis in the past five years were as follows: 1940—3; 1939—3; 1938—1; 1937—8; 1936—1.

Just why Nova Scotia has escaped an epidemic from this cause we do not know. It was particularly prevalent in a neighbouring province during the past year. While Infantile Paralysis has not ranked high as a cause of death in this Province nevertheless it is one of the most dreaded of all infections. The fear consequent upon its appearance is probably due to its crippling effects and to the lack of any real defensive measures against it. Some years ago we thought a preventive had been found in convalescent serum but the results following a very considerable use of this serum have been entirely disappointing. We are therefore still forced to depend upon prompt reporting, isolation and careful treatment in attempting to prevent its spread.

Small Pox

There has not been a case of Small Pox in Nova Scotia since 1938. In that year an East Indian, who was found to be suffering from this disease, was landed in the Port of Halifax. This was the stimulus we needed to remind us that vaccination had, in many quarters, been neglected. Small Pox is the most easily preventable disease known to Public Health Officials. By the elementary process of vaccination it can be completely eradicated from any community. At a time like this with so much movement from so many places all are warned not to neglect vaccination.

Typhoid Fever

In 1940 there were 2 deaths from Typhoid. In 1939 there were 2; in 1938—8; in 1937—12; in 1936—4.

It may be truthfully said that one of the outstanding accomplishments of our public health services has been the conquest of Typhoid Fever. Of recent years there have been no outbreaks attributed to public water or milk supplies. When cases occurred special epidemiological investigations were carried out by our Divisional Officers. These procedures have been the means of discovering, in most instances, the sources of infection. Practically all of our Typhoid has in this way been traced to "Carriers" who have been instructed and as a consequence have given no trouble after having been found. In connection with the carrier problem it is only proper to pay a well merited tribute to our Laboratory Director whose services in this connection have not been surpassed in any other place of which we have knowledge.

Venereal Diseases

During the past Statistical Year 22 deaths were reported as due directly to these diseases. It is difficult to determine

definitely the number of cases existing at any given time. From an analysis of laboratory tests and other indirect information, we realize the number is far greater than reports from physicians indicate. For reasons which are apparent to every health worker, diseases of this nature are exceedingly difficult to stamp out. One important consideration is to assure that treatment is made available to every patient so that the infection may not be spread to normal individuals. To this end clinic services and standards of treatment have been provided. Free drugs are distributed to private physicians in an attempt to assist them in caring for indigent and partly paying patients. During recent years great advances have been made in treatment. If all cases could be brought under proper medical attention during the early stages, a marked reduction in the number of persons affected would ensue. Every focus of infection discovered should be promptly dealt with otherwise further spread is bound to occur. The records with respect of Venereal Diseases in the army is much more satisfactory than that which obtained in the last World War. This demonstrates the feasibility of their comparative control. In our control efforts since the war started we have recruited several active and willing health officers, and while the results have not been spectacular, they have been most encouraging. Foci of infection have been reported, police power invoked, houses of assignment have been attacked, places put out of bounds and individuals jailed or driven out. If however ultimate success is to be attained health officers must have more active co-operation of not only civil officials but of members of the medical profession.

Infant Mortality

For the year 1940 the Infant Mortality rate was 62.3; in 1939 it was 64. During the past twenty years there has been a substantial drop in the Infant Mortality of Nova Scotia. In 1921 it was 100; in 1927—92; in 1930—82 and in 1935—71. A study of infant deaths indicates that the actual rate is lower than the official figures would indicate because unfortunately in some districts all births have not been registered. Improved birth registrations give decreased infant mortality rates. If we make use of the knowledge we now possess we may with confidence look forward to a still greater reduction in infant deaths.

Maternal Mortality

Deaths of mothers in childbirth and from complications incident thereto numbered 54 in the year 1940, giving a rate of 4.2.

While the death rate from this cause is not dropping as rapidly as we should like to see it drop nevertheless the tendency is downward. If only the knowledge now available can be applied in the years to come we may expect a further reduction in maternal losses. Our public health nurses during their home visits did everything possible to instruct expectant mothers in the care they should take of themselves. In addition a great deal of carefully prepared literature was distributed in the homes.

Accidental Deaths

Accidents were responsible for 373 deaths in 1940. In 1939 there were 389; in 1938—375; in 1937—385.

Of the 373 violent deaths in the past Statistical Year about 25% were due to automobile and cycle operations. Deaths from motor accidents may technically be outside the field of public health nevertheless they are so numerous that we are forced to comment upon them, since we believe many of them are preventable. It is unfortunate that the saving in lives through the application of public health measures is being partially offset by deaths from violent causes.

Laboratories

The laboratory service has broadened into almost every branch of preventive medicine. The extension has been so rapid of recent years that it is difficult to develop trained workers in sufficient numbers to overtake the work presenting. Due to our co-operation with the armed forces many more specimens have been examined in the past year than ever before. This has meant painstaking work and much overtime on the part of all persons employed. We are proud of our laboratory service. Few people give thought to the importance of the contribution given to public health through this division. The many small tasks so well done in the aggregate constitute a greater contribution than that of the brilliant research toiler. Every interested person should read the laboratory reports in order to gain some knowledge of what trained and organized people can do despite the many difficulties that have to be contended with.

Public Health Nursing

While the whole modern public health movement is a development of recent years, the part taken by the Public Health Nurse in this movement is even newer. It is only during the past few years that the place of the nurse as a real

interpreter and teacher has been fully recognized. So important is her role, no Health Department can advance and achieve great things without the support of an adequate number of properly trained health nurses. The success of the whole public health effort depends to a very considerable extent upon the training, willingness to serve and devotion to duty of the Public Health Nurse. Public Health Nursing includes assistance to the expectant mother and baby, supervision of the pre school and school child, control or prevention of communicable diseases and health education. This work is carried out under the supervision of Health Officers and practicing physicians. During the past year 35,391 school children were inspected, 12,333 interviews were held with physicians and local authority and 26,033 home visits were made in the health interests of 47,049 persons.

Sanitary Engineering

This division has continued to devote its entire time to problems of sanitation relating to water and milk supplies and to waste disposal. Expert consulting and supervising service is given to health officers and municipal officials in the promotion of potable water supplies, proper sewage disposal and safe milk. We cannot overemphasize the importance of placing under suitable sanitary control those phases of water, sewage, dairying and milk distribution, which affect the public health. Each succeeding year places additional burdens on this bureau, so much so that during the past year it has been impossible to deal adequately with all the demands made upon it.

Notification

While there has been some improvement in the reporting of communicable disease nevertheless this movement has not yet advanced to the stage where it can be considered satisfactory. Unfortunately too many physicians still fail in reporting the diseases they are bound by statute to report. It is the duty of health boards to at least attempt to control certain diseases. This cannot be done unless they are told when and where those diseases are present. For any worthwhile success in this direction the co-operation of the medical profession is absolutely essential. It is a "Sine quo non" of Public Health that communicable diseases cannot be controlled unless it is known when, where and under what circumstances they are occurring.

Reflection upon the past year's health activities places one in a position from which it is possible to report definite advances. While mindful of the record made during the past

decade against disease and death we are conscious that certain diseases and conditions remain to be dealt with. Victory has, by no means been won. We have still a long distance to go. It is a dangerous thing to assume the prophetic role, yet I venture to predict, with some reservations, that the improvement will continue, even if it may be slowed down by the tremendous upheaval that obtains today over the entire world.

Again, Sir, I wish to publicly thank you for extending to me a really helpful hand during the most trying period in the whole history of the Department. My appreciation is here likewise expressed to our principal officers for their industry and devotion in making the year's work the most successful so far experienced. The valuable assistance rendered by local health officers, certain members of the medical profession and of voluntary organizations is fully appreciated.

I have the honour to be, Sir,

Your obedient servant,

P. S. CAMPBELL, M. D.,

Chief Health Officer.

Halifax, N. S.,
November 30, 1941.

REPORT OF THE DEPUTY REGISTRAR GENERAL
TO THE HONOURABLE
FRANK R. DAVIS, M.D., F.A.C.S.

Minister of Health and Registrar General.

Sir:

I beg to submit the report of the Deputy Registrar General for the year 1940.

In the year there were 12,856 living births and 6,239 deaths, representing an increase of 1,031 living births and a decrease of 85 deaths, 802 infant deaths occurred giving a rate of 62.3. 6,401 marriages were solemnized 1,377 more than in 1939. The maternal mortality rate was 4.2. The corrected population was 562,000.

While the official registration of births and deaths is more complete than it used to be, there are still too many who

fail to send forward the records of these events that they are by Statute bound to send. Again we ask for the co-operation of physicians, undertakers and parents in an effort to promote the completeness of our vital registrations.

The demand for official certificates from the Registrar General's office continues to increase. Much of the current increase is due to the war, consequently all those who have a part in procuring the information for official registrations are asked to redouble their efforts to procure the information required not only promptly but completely.

Appended are the usual tables of births, deaths and marriages arranged by months, sex, age, nativity, counties, cities and towns.

I have the honour to be, Sir,

Your obedient servant,

P. S. CAMPBELL, M.D.,

Deputy Registrar General

Halifax, N. S.,
November 30, 1941.

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER ATLANTIC DIVISION

To the Chief Health Officer:

I beg to submit my annual report for the fiscal year ending November 30th, 1941.

I believe you will agree with me, Sir, that in making successive yearly reports on public health work it is rather difficult to avoid duplication of general context inasmuch as public health work is a slowly moving picture and is not accelerated into a quickly moving series of changes. The tempo of progressive changes is shorn of dazzle and is not breath-taking in its motion. However, in recording the summary of the year's events we retrace our steps for a time, giving us an opportunity to review and evaluate our twelve months efforts, before they enter the shadows of things done and things left undone; an opportunity to scan our achievements and, also, our failures, that inescapable human quality.

At the end of the year we stand on the threshold of a new one. We give the toast of the Gordon Highlanders—"To

the days we have seen; to the days yet to be seen." We stand on the threshold of the future, an immeasurable space into which we cannot see very far, ready to step forward, into the path lighted by Hope, the brilliant gem of the human soul.

What of the future? This question is today uppermost in the mind of every democratic individual. What of the future in public health work? This is matter of concern for those of us working in that field. In pondering, let us record and keep in mind, the famous phrase—one of his many phrases that will be recorded on the pages of history—of Prime Minister Winston Churchill, "If we quarrel with the past we lose the future."

In control, not eradication, of diseases which are the major causes of deaths, there are great opportunities and possibilities in the next ten years. Taking our problem seriously we can effect as great a saving in the next decade as in the past. There is as yet no diminishing returns for effort expended.

While being optimistic, we must bear in mind that there will be serious difficulties to overcome. We are still in the throes of a great conflict, a conflict about which too many of us are very complacent. Post-war problems will be serious ones to deal with so Public Health Departments must be ready to meet the emergencies.

Heart, Cancer, Pneumonia and Tuberculosis are our major causes of death. Over the first three we have, so far, little or no control. It is gratifying however to view the drop in the pneumonia death rate due undoubtedly at least in part, to the use of the Sulfa family drugs in treatment of the disease. Tuberculosis presents our greatest economic responsibility and control of the disease is in an unfixed ratio to expenditure.

In this period of fighting preparedness, tuberculosis has been given primary consideration in selecting men for the different services, at the same time not being unmindful of the future. This period on the one hand offers us a greater opportunity to advance the tuberculosis movement, holds out also a great source of danger. We must not repeat the grievous and costly mistake of the last war and take into the army large numbers of young men with tuberculous lesions and have them break down under the rigors of army life. Commendable efforts in this respect are being made in this province and every province of Canada.

Blessings are seldom unmixed so even catastrophies may have a brighter side. Wars of the past with their associated

pestilence and disease, have taught medical even, many things of inestimable value to the human race.

The last great world war taught us that it is much cheaper and in fact very profitable and also it materially improves the fighting efficiency of our military forces to keep the diseased unfit out of the service rather than admit into the service both the recruit and the disease. A single case of communicable disease may work unknown havoc and misery if placed in close association with scores of fellow men.

Young recruits are just at the age when tuberculosis takes its heaviest toll; they are also at the age when such cases as are disclosed through medical examination, are more than likely to be in the minimal stage. It is generally agreed in army administration that if tuberculosis is to be eliminated as much as it can possibly be done in the forces, it is necessary to X-ray the chests of the apparently well to discover the early symptomless and unsuspected cases. As we build for war so must we build for peace and this efficient method may give us new guidance for the future—the mere intensive examination of the apparently well by X-ray. Many obstacles confront such a scheme but probably can be brushed aside before much time has passed.

I previously stated that the period through which we are passing presented a phase of potential danger in the tuberculosis movement. This is with particular reference to the labor front. The increased activity of young men and women on a huge scale in industry and connections, may result in the breakdown of many more than we wish. The experience of England in the last war, with women brought under industrial conditions was not good. What will happen with us? These are factors which must be taken into consideration in any forecast of what, say the next ten years will bring. Through ways and means we can throw around workers such protection as will obviate many misfortunes of the past. In the fight against tuberculosis I share with others well grounded optimism. A splendid job has been done on the legacy left us by previous generations and there is no noted reason why we shall not or cannot continue. We have the necessary knowledge; we can provide the required facilities and we can count on a generally well informed and well disposed public.

Optimistic as we are it would be a grave mistake to underestimate the magnitude of the job yet to be done. In certain groups of people, tuberculosis is still a serious social and medical problem and a major source of destitution and misery. It would be a fatal mistake to be lulled into indifference by our past achievements. The cause and mode of transmission of the

disease, are in the light of present knowledge known, so it shall be our task to keep adding to the necessary machinery for the virtual conquest.

Let us consider our population as divided into two groups, the first comprised of those in the fighting services; military, naval and air; the second, that of labor and the civilians, the latter group being of more direct concern to us. Around labor, shall in all probability our problem revolve. This is the time to accelerate our programme, even at a time when budgets are at an all time peak. It would be an economy measure rather than extravagance. We face a situation which offers greater attractions and opportunities to those interested in public health than ever before in our history.

We are in the midst of a programme which calls for the training of hundreds of young men and this programme is for the duration of the war. Those men who will be inducted into the forces become thereafter and unto the second generation wards of the Federal Government. Rightfully so, those found unfit on entry are not accepted and are once more in civilian circulation or may be absorbed into industry. Rightfully so, the unfit recruit is not allowed to enter and mix with hearty soldiers.

The same urgency exists, but not to the same degree in the case of industrial workers. The sub-standard employee hinders production and maximum of production is urgent. Facing a crisis of which the outcome is fairly clear, maximum efficiency is imperative in every branch of defence effort. The fighting force man and industrial workers are inseparately linked. Both are essential. The defense problem is an aggregation of many problems and each problem has many phases. The health phase of the labor problem has a close relationship with other phases, such as wages, hours and working conditions,—all these have a marked influence on the health of the worker.

Young men and women in the labor ranks are just at the age when tuberculosis takes its heaviest toll and are also at the age when, if examined, early tuberculosis could be discovered, if present. In the group of older workers, many would be discovered on examination, which were hitherto unsuspected cases. One might very well ask, What is to be done about it? Some one has written, "Folks do not die of tuberculosis. They die of neglect." If true, but in part, it is our responsibility to see that the tuberculous case is not neglected and the public protected. It is generally conceded that it is the duty of the public to protect itself against diseases commonly spread by a contaminated water or milk supply or other disease car-

riers, so it is a public responsibility to protect citizens against spreaders of tuberculosis. This responsibility rests on the shoulders of all, civil and medical, particularly the latter. The civil must supply the ways and means and the medical men consummate the effort. This is a man size job but I believe can be accomplished. In the regimented service of army, navy and air force the way is paved for the achievement of such a programme as the state supplies the facilities and the medical service to carry on the work.

The above reference is born of my apprehension that the increase in tuberculosis inevitable in European countries as a result of the war, will also be felt in Canada. The cause would seem to lie in the increased tempo of life that accompanies our war effort. The withdrawing of thousands from civilian life into armed forces and defence industries has placed a strain on all peace time activities. The story from Great Britain is not a pleasant one to tell. Reports show that there has been an increase in deaths from tuberculosis of 26,000 in 1938 to 28,000 in 1940. This has been more evident apparently in the great industrial city of Glasgow. It is the opinion of writers that the continuity of long hours, overtime, strain and ill-spent leisure are the factors in producing the rise.

I felt constrained to deal with this problem of the future in view of the transcendent question of War and Health.

At the time of writing last year's report, recasting of the health division in the province—brought about by additions to the staff—had been completed, so since then my duties have been confined to the **Atlantic Division**, comprising the Counties of Guysboro and Halifax (exclusive of the City of Halifax). These two counties are mainly rural, there being only two small incorporated towns, Mulgrave and Canso, in Guysboro County and one town, Dartmouth, within the borders of Halifax County, so urban problems are few in ratio to geographical area of the Division.

The City of Halifax under Health Commissioner, Dr. A. R. Morton, has launched forth a public health administration scheme which will fill a long-felt need. A nursing staff of nine nurses has been organized and signs point to an increase in bed capacity in the Morris Street Hospital for the tuberculous. This Hospital has been and is far too small to meet requirements of a city the size of Halifax. General health conditions in Dartmouth and the County of Halifax have been well supervised by the respective Medical Health Officers, Dr. H. A. Payzant and Dr. A. McD. Morton; also in the Municipalities of St. Mary's and Guysboro in Guysboro County by Dr. G. L. Silver and Dr. E. D. Levittan.

In contrast with other years, I was unable to get into the field as much as was necessary. Increased detail work in the office, consultations, clinic, etc., prevented. Chest clinics were held at all necessary points in the Division, but not as often as desirable for reason of limited time. Office duties were too detailed to summarize for reporting.

In the year gone by, the health in general of the population of Halifax and Guysboro Counties has been very satisfactory and there is valid reason for optimism. True, some problems remain unsolved and will inevitably remain so for some time, but on the other hand we breathe much easier over some that were major problems. No widespread epidemics occurred and outbreaks of communicable diseases were minor, scattered and promptly dealt with.

Cerebro-Spinal Meningitis

Along with Diphtheria this held the spotlight in Halifax County. Twelve cases were reported and some deaths occurred. Nearly all cases, when diagnosed were sent to the Infectious Disease Hospital. Number of cases reported showed a decrease from the previous year.

Diphtheria

Cases numbering 72 were reported from Halifax County. They were quite widespread over the Municipality from the East to West, and often included whole families in a community. It is interesting to note that insofar as families were concerned going down with the disease none or very few had been previously inoculated, not taking advantage of clinics held in the respective districts. It is also interesting to note that in most localities where the odd case or two sprang up there was no spread or epidemic from the individual cases. The Doctors attending were very careful in having quarantine regulations imposed immediately, thus preventing serious outbreaks. Guysboro County reported 6 cases and this includes those reported from the Town of Canso. There is a possibility that the source of infection in these cases was in Halifax City or surroundings, in view of the increased traffic communications between Halifax City and outside points. It can be seen from figures that those rural districts nearest the City of Halifax had the most number of cases.

Chickenpox and Smallpox

Chickenpox is considered of such minor importance though highly contagious, that only five cases were reported during the year. Undoubtedly there were many more cases in the

outlying communities. Smallpox remained at the zero level, which is most remarkable, considering the seaport activity of Halifax, with ships from many quarters of the globe, their cosmopolitan crews rubbing shoulders with our people. Quarantine check deserves favourable comment.

Dysentery of all Types

None reported.

Influenza

Five cases reported from Guysboro County. Influenza, so called, is epidemic in almost every section during one of the seasons of the year. An accurate count of cases would be impossible to obtain. The term "Flu" if nothing else, is a diagnostic refuge.

Measles and German Measles

Last year was rather quiet on this front. About every fifth or sixth year, epidemics occur, when new groups are ready to receive infection. Guysboro County reported fifty-four cases of Measles and four cases of German Measles. A large percentage of cases of Measles and German Measles are never seen by or reported to the Doctors.

Mumps

No reporting.

Scarlet Fever

This disease continued to a lesser degree than the previous year. Halifax County reported twenty-nine cases; Guysboro County—eleven cases. There again I can appreciate the difficulty in obtaining statistics as many mild cases go unrecognized by families, who do not call physicians for what is seemingly light illness.

Typhoid and Para-Typhoid

The Municipalities were free from disease of this group the past year. However, our peace of mind was disturbed the latter part of the season, through the reporting of three cases, two from Hants County and one from Colchester, which may have had origin in Halifax County. This, as yet, has not been definitely decided on, but investigation is proceeding in an effort to determine the sources of infection, taking for granted these sources are in this Municipality.

Venereal Diseases

Bane of humanity as far back as earliest recorded history; bane of kings, princes and potentates of centuries ago; a social disease of the present generation, congenital or acquired, and control approached by the back door method. Numerous cases exist, some of which are reported and some not. Complete records are not available—Halifax County reported cases enter City Statistics. Guysboro County reported 12 cases the last year. This probably does not represent the incidence and the reason is clear here as well as in other communities. It is quite safe to assume, and we have the knowledge that those infected do not go to their own doctors for treatment but to some physician in the nearest or some other town. With the improvement in economic conditions, many choose private physicians instead of attending the public clinic. However, I believe most cases do receive treatment shortly after exposure and it is gratifying to note the few cases of tertiary syphilis. Increased population, many gravitating towards the larger centres has stepped up the problem, calling for greater efforts to control it. Where men are regimented, as in the fighting forces, greater control is possible. Through inspections, sick parades, cases are early and quickly put under observation and treatment. Through co-operation of the armed forces sources of infection are given the Department of Health, thus enabling us to follow up these sources and have them treated. In nearly all cases the offenders are quite willing to undergo treatment. In passing, I should like to commend the Morality Squad of the City of Halifax for the splendid work they have done in locating "the females of the species," reporting them to the proper authorities. The medical officers of Halifax and Guysboro Counties are also to be congratulated in dealing diplomatically with cases reported to them. The Department of Health is ever pleased to furnish the necessary material for the treatment of necessitous cases, so under these conditions no individual need go or should go untreated. Continued efforts on the part of all concerned will save many unfortunate victims from future suffering.

Milk and Water and Sanitation

Not the cause of worry to any extent in the Atlantic Division. The chances of milk or water borne epidemics are quite remote for the greater part of the population. The Division is mainly rural—Dartmouth and Halifax City, Mulgrave and Canso in Guysboro County being the only urban centres and in these there is room for improvement. Mulgrave has two water supply systems, one owned and operated

by an estate and the other by the Canadian National Railways. A complaint was received this year that refuse was being dumped along the source of supply of the latter system. This was investigated by our Sanitary Engineer, Mr. R. Donald McKay. Mulgrave does not operate a municipal sewage disposal system. A few link up on private systems with outlets on the shore of the Strait of Canso. The rest of the town people have cesspools or septic tanks — both abominable and so unnecessary, particularly where there is such a splendid opportunity at a comparatively low cost for drainage into the waters of the Strait of Canso. Very few towns are so well and favourably situated for an up to date sewage disposal system.

Milk is imported in quantities from Antigonish and Stelarton and is distributed by local dealers.

Citizens of Canso have independent local water supplies, there being no town water system. The same for the system of sewage disposal. Dartmouth has a civic water system which has presented some difficulties in the past but now quite satisfactory. About 75% of the milk in the Town is pasteurized.

The rural sections of the Division are true to type insofar as water, sewage and milk are concerned.

The outdoor privy predominates for sewage disposal. Water is obtained from the lot well. Here and there property owners have installed modern sanitary conveniences, particularly since the recent installation of hydro power in many communities. In the space between Mulgrave and Dartmouth there are no large milk handlers. Some larger localities have dealers with a limited number of customers each. Along the coast in the numerous fishing villages, many of the population use milk in the condensed form.

Tuberculosis

In the preamble of this report I dwelt at some length on Tuberculosis as a potential as well as a present problem. It is our greatest economic one, has been for a generation and will be for another. We must not blind ourselves to this fact. The fight against this disease is a hard, uphill struggle to bring people within a comfortable living range. With the untiring energy displayed in this war front the past ten or twenty years the desired objective is brought nearer and nearer. Each year the greater part of our time is devoted to anti-tuberculosis work, though as previously stated, I was

not able to devote as much to field work the past year, so amount of work done in this public health phase was below average. Clinics were held at all available points from Mulgrave to Dartmouth, East and West border towns of the Division. The portable X-ray unit was used exclusively at all places where it was possible to hook up to a power line. Finding it impossible to conduct a physical examination on all cases, X-raying was carried out. Tuberculin patch testing was done on a limited number, not enough for worthwhile statistics.

The order in which they should be placed as positions of importance in chest examinations, of tuberculin testing, sputum testing, clinical examination and X-ray is a controversial subject among authorities. In some respects laboratory examination of sputum should be given first position. There is no argument when the tubercle bacilli is found. Discussions have also been waged on X-ray vs Fluoroscope. Standard X-ray Film vs smaller 4x5 or 35 mm films. Let us hope that some day methods will be more standardized and universal.

The tuberculosis picture in Halifax and Guysboro Counties for 1941 shows a slight increase in the mortality rate

	Halifax County		Guysboro County	
	No. deaths	Rate	No. deaths	Rate
1940.....	22	42.2	8	51.8
1941.....	25	48.0	11	71.2

For Halifax County these figures include deaths in the town of Dartmouth, in the Halifax County Home, and the Nova Scotia Hospital. Deducting this total of 13, leaves number of deaths in County proper as twelve with a rate of 29.1. Guysboro County figures include those of the towns of Canso and Guysboro.

The following is a short summary of chest examinations:

First Examinations	Positive	85	} In this group171 Contacts
	Negative	968	
	Suspect	46	
Second Examinations	Positive	127	} In this group126 Contacts
	Negative	330	
	Suspect	24	
Total.....		1580	

Clinical examinations	39
Clinical and X-ray examinations	135
X-ray examinations	1406
	<hr/>
	1580
 Total clinical examinations	 174
Total X-ray examinations	1541
Patch Test tuberculin examinations	88
	<hr/>
Total	1803

The age groups of those examined are as follows:

1 to 5— 31	30 to 35—161	60 to 65— 27
5 to 10—200	35 to 40—115	65 to 70— 39
10 to 15—305	40 to 45— 95	70 to 75— 9
15 to 20—186	45 to 50— 44	75 to 80— 6
20 to 25—156	50 to 55— 31	80 to 85— 3
25 to 30—146	55 to 60— 25	85 to 90— 1

A survey was made of the inmates and staff of the new County Home and Mental Hospital situated at Cole Harbour, Halifax County to determine the number having chest lesions, this being most valuable information for the attendants to be in possession of for their protective benefit. Female population of institution was 102. Fourteen or 13.6% were found to have lesions, eight of these were in the over fifty age group. Male population was eighty-eight. Eight or 9% had lesions; three of these in the over fifty group. All lesions found were apparently quiescent or arrested. This total of cases found in an institution of this type is remarkably low as in some places they have found as high as 40 or 50% of the inmates infected.

A goodly percentage of positive cases found in the Division the past year have received or are receiving institutional treatment. Financing those unable to pay was fortunately done without much difficulty and here I wish to thank the Municipality of Halifax County, through the Warden and the Municipal Clerk for the aid provided by them and also many thanks is to be extended to the Halifax Anti-tuberculosis League for similar aid. Gaining Sanatorium admission for patients, particularly during the winter season, provides the greatest "headache." More beds are necessary to meet the demands.

For our program in anti-tuberculosis work in the future shall we go deeper into the field? Shall we follow the lead of the fighting forces and examine the apparently well and the symptomless for evidence of early tuberculosis? Shall we

give more attention to the adult as potential spreaders of disease? Have the mass surveys of those in the younger group, carried out particularly by the use of the small film, as in some points of the United States according to one writer, been more spectacular than practical? In a recent article a writer quoted—"Routine post-mortems on a large hospital group revealed pulmonary tuberculosis in a quarter of all. We tend to forget that the disease in older persons is still common and may be an obstructive feature of our control program." These are thoughts for our serious consideration.

Toxoiding and Vaccination Clinics

At the beginning of the year toxoid clinics were in full swing in practically all districts, bringing to large numbers those immunized. Schools in many sections were one hundred percent toxoided. Clinics in Halifax County are being continued at this time. Vaccination against smallpox has not been so successfully carried out.

Dental Trailer

The trailer under direction of Dr. J. T. Marshall and Miss L. Turner, R. N., has had a most successful season. Guysboro County was exceptionally well served, very few sections not receiving the benefit of the dental service. Halifax County was not so fortunate; one or two parts only being visited.

Nursing Service

Sorry to report a serious break in this service, a break that handicapped clinic organization to a noticeable degree. Miss M. T. MacDonald, our nurse in Guysboro, was forced to ask for six months leave of absence in the middle of the season. This section of the division has been without the benefit of nursing service during the interim, and this is regrettable. The supply source of qualified public health nurses is completely exhausted at present so it has been impossible to make replacements. In Halifax County, Miss C. E. Wade has a heavy task on her hands, catering to the wants and demands from one border of the County to the other. As a result, some phases of the service cannot be accomplished. Taking part of the load off a single nurse in Halifax County should be considered when possible to secure assistance. Greatly appreciated is the valuable assistance given by Miss M. E. Mackenzie, Superintendent of the Nursing Service in field work; diverting her energies in that direction whenever the call is necessary or urgent.

Throughout the year routine staff work, investigations, etc., were carried out as prescribed and as expeditely as possible. Inspections of a number of hospitals, and humane institutions were carried out and reports submitted. It was my pleasure and privilege as representative of the Department of Health to attend the Canadian Hospital Council Association meeting in Montreal on September 10th and 11th. This meeting I enjoyed immensely and obtained valuable information on hospital work.

In conclusion, I wish to extend to the Honourable Minister and yourself, Sir, sincerest thanks for the patient consideration of our trials and problems. On your shoulders rest the burden of providing the ways and means in carrying out successfully the undertaking of public health work. I am also greatly obligated to the staff members and staff officers and all members of the Department of Health for their assistance and co-operation.

Respectfully submitted,

J. J. MacRITCHIE, M.D.,

Divisional Medical Health Officer.

Halifax N. S.,
November 30, 1941.

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER WESTERN HEALTH DIVISION

To the Chief Health Officer:

I beg to submit my report for the fiscal year ending November 30, 1941.

The year as a whole has been one of some progress. We have seen our tuberculosis death rate lowered, protection against diphtheria has improved both in our school children and the older population. The decision of the Defense authorities to protect their personnel against diphtheria was a welcome one in this Province where there is such a concentration of military forces. Other communicable diseases have been better controlled and the general health has been good.

Public Health Nurses:

During the year there have been three changes in the nursing personnel. Miss G. I. Anderson, who formerly carried on the program in both Annapolis and Digby Counties now works

only in Annapolis County, a new appointment for Digby County, Mrs. M. E. MacEvoy, carries on the work there with headquarters at Weymouth. Miss K. Turner, who formerly worked in both Queens and Shelburne Counties resigned and two new appointments were made, Miss L. M. MacIntosh, a former valued member of the staff returned to take over Shelburne County with headquarters at Shelburne, while Miss A. George, with headquarters in Liverpool, is in charge of the program in Queens County. Although the present changes result in a nurse in each county, nevertheless, the number in the field are still far too few, several counties should have at least two nurses in order for the work to be adequately looked after. A well trained nursing personnel is all important in Public Health work, too much praise cannot be given to the present staff for their unceasing efforts to better health conditions in their various territories. In this regard Miss M. E. MacKenzie, Superintendent of the Nursing Service by her leadership and sympathetic understanding must in a large measure be held responsible for the high standard of work by the nurses under her charge.

Communicable Diseases:

As previously the Divisional Office served as a distributing centre for biological products, the fact that these products are always well predated and kept refrigerated is much appreciated by the medical profession. During the year the following biological material was distributed from this office:—

Diphtheria Toxoid for immunization of 10,423 persons.

Scarlet Fever Toxin for immunization of 45 persons.

Typhoid-Paratyphoid Vaccine immunization of 70 persons.

Whooping Cough immunization of 55 persons.

Schick Test (Diphtheria) material for testing of 3,625 persons.

Dick Test (Scarlet Fever) material for testing of 270 persons.

The demand for diphtheria toxoid is still continuing, however, there should be a greater use of other preventatives, especially Pertussis Vaccine and Scarlet Fever Toxin, both Scarlet Fever and Whooping Cough cause entirely too many deaths among the younger age group.

Again, it is to be noted that the reporting of communicable disease is still faulty. The medical profession must be made to realize the value of early and complete reporting, this is the basis of any control measure.

Diphtheria:

During the year there were sporadic cases throughout the Division, however, in part of Queens County a serious situation was found, several cases of the disease developed and there were two deaths and several persons were crippled for weeks due to complications following the disease. An energetic program of prevention was undertaken, every family in the district being visited as it was felt that there must be several carriers at least in the community to keep the disease alive over a period of months; the results of this investigation are shown below. Soon after this work was started a small outbreak occurred immediately across the county line, in Lunenburg County. A similar campaign was here instituted with similar results. The same applies to the third area involved, here the investigation followed a death from diphtheria.

DIPHTHERIA CARRIERS FOUND IN THREE SURVEYS

Place	Date	No. of Families	No. of Indvs.	No. of Carriers Located	Length of Quarantine	Subsequent Cases
Danesville Queens Co.	July 1941	22	95	28	2 weeks to 2 months	0
Middlewood Lunenburg Co.	August 1941	8	43	9	2 weeks to Nov. 30 present 1941	1
Lapland Lunenburg Co.	Sept. 1941	13	80	22	2 weeks to 1 month	0
Totals		43	218	59		1

Schick Testing was carried out and all susceptibles given Diphtheria Toxoid. Most (about 75%) of the carriers were found to be nasal carriers, among these were three (3) who were Schick positive. The work of the Nurses in these three areas must be commended, their work was the major factor in preventing a further spread of the disease. All carriers were treated using Argyrol nose drops and a Metaphen in glycerol throat paint, I do not feel that this was a factor in such carriers becoming negative. Many virulence tests were carried out, in nearly all cases the organism present was shown to be of a virulent type. Removal of tonsils in three cases has so far failed to clear up the carrier state.

Diphtheria Toxoiding has continued to occupy much time, a program of toxoiding has become part of the yearly school health program in many sections, it is hoped that within a short time that all will be protected and consequently only a yearly pre-school toxoid program will be necessary combined with primary grade reinforcing single doses. Completed Diphtheria Inoculations (3 doses) for which records are available—1941.

		Towns	
Municipality of Clare	1400	Bridgewater	288
		Lockeport	212
Shelburne Counties	1952		
Queens			
		Lunenburg	405
Lunenburg County	4692	Shelburne	192
Yarmouth County	1210	Mahone Bay	72
		Yarmouth	761
Total		11,184	

In addition several hundred were treated by their family physicians. Many towns now have practically all school and preschool children protected, in the rural areas I feel that well over 75% of such children are also so protected. A yearly program is necessary in order to see that all infants are protected in their first year of life when the disease takes its greatest toll.

Whooping Cough: has not assumed epidemic proportions, scattered outbreaks occur sporadically. Again, it is emphasized that there is available a preventative vaccine which gives a definite measure of protection against this dread disease of infancy.

Scarlet Fever: has appeared in several areas, in Queens County several sections were forced to close schools because of its prevalence. In this case also we have a preventative; prompt reporting of cases and use of the Dick Test and Scarlet Fever Toxin act to bring such outbreaks under early control. During the year eleven (11) areas in Lunenburg County and one (1) area in Shelburne County had their children protected, using the Dick Test to locate the susceptible and Scarlet Fever Toxin to produce an immunity, about two hundred (200) receiving the Treatment. A prompt subsidence of the disease resulted.

Enteric Fever (Typhoid and Paratyphoid):

During the year there was a small outbreak in Clare Municipality, eight cases of typhoid with no deaths. This outbreak was investigated, but to date the precipitating cause has not been found. Another case of typhoid developed in Yarmouth

County, a carrier was located as a result of this investigation, the case to date has remained a convalescent carrier. It becomes increasingly clear that the finding and control of carriers is the chief factor in the control of enteric fever. There are eleven (11) carriers in the district, there have been no new cases directly traceable to such since the finding and instructing of these carriers. One community in which a carrier resides had the entire school population protected using T.A.B. Vaccine.

Vaccination against Smallpox:

This campaign has been continued and now I feel it is safe to say that well over 85% of school children are now so protected. Vaccination in the preschool years, however, shows little or no improvement, this in part being due to our lack of a proper preschool health program and nurses to carry out such a program. The number of physical disability certificates are still far too numerous, there should be a definite reason other than the parents' prejudice before such a certificate is issued by the family physician.

Venereal Diseases:

Efforts to control such diseases have been continued and I feel with a fair measure of success. In areas with a concentration of military forces co-operation was arranged for between the military authorities and local authorities. In one area five convictions were obtained against persons who persisted in being a menace to the public health, such persons are kept in custody until they are found to be non-infective. The reporting of contacts by the profession as a whole is still faulty—without such information the finding of sources of Venereal Disease is almost impossible. During the year 125 cases of gonorrhea, 156 cases of syphilis have been reported through the Laboratory. This includes cases in civilian population, Naval, Army and Air Force.

Dental Services:

Although this has been shown by our school examinations to be one of the urgently required services very little has been accomplished to date. A school clinic supported by the Y's Men's Club is operating in the Town of Yarmouth, extraction clinics have been held in Clare Municipality, outside of this little has been accomplished. Arrangements are being completed for obtaining the services of the Dental Trailer in the areas where the Trailer can operate. Many demands for the

Dental services have been obtained from areas ten miles or so from a practising dentist—the lack of sufficient dentists in the area prevent such demands being filled.

Pre Natal, Maternal and Well Baby Services:

Little or no improvement has been noted in such services in the rural areas. Educational work is carried on by the nurses and the medical profession, but I feel a more energetic program is necessary in order to reduce our infant and maternal death rates.

School Services:

There have been no material changes in these services during the year. The Victorian Order of Nurses now undertake the school health examination in the towns of Liverpool, Lunenburg, Bridgewater and Yarmouth. In the town of Lunenburg the Medical Health Officer does examination of all pupils with the assistance of the Victorian Order Nurse, this is a forward step, the time is coming when all medical examinations in the schools will be carried out by the Medical Health Officer or other appointed school physician. In the rural areas health examinations of children are carried out by the Public Health Nurses—a gradual improvement is being noted in the schools—however, not enough time is available for health teaching and few of the school teachers are equipped to do this subject justice. Junior Red Cross and Parent-Teacher's organizations were encouraged, it is very hopeful to see more parents becoming interested in the state of the school buildings and health program carried on therein. By continuous pressure a gradual improvement is being noted in schools and outbuildings—the goal, however, is far from being achieved. A large number of children are found annually with infected tonsil, during this year tonsil removal clinics for such were held in West Pubnico, Wedgeport and one or two other places.

Water:

There were no new problems associated with the water situation this year until construction work started in and around the Town of Shelburne. In this town there is no central water supply, shallow dug wells being used, many of these are poorly located and hence often contaminated. Something will, I fear, have to be done about this situation in the near future. The problem is made more acute by lack of proper sewage facilities. Chlorination of water is carried out in the towns of Liverpool and Yarmouth.

Other towns needing such protection have so far failed to take action.

Milk:

The situation in regard to milk showed no great change. A survey was conducted in the Town of Lunenburg, improper facilities were found among the producers, the milk supply was also shown to be in general of poor quality. A set of regulations was set up, but to date the Town authorities have failed to pass these. There are five pasteurizing plants in the area, two supplying the town of Yarmouth, one each in Liverpool, Bridgewater and Lunenburg. In only one town is there an inspection service for the milk before it reaches the pasteurizing plant. Tuberculin testing of cattle is also deficient in some areas.

Tuberculosis:

As in previous years the major portion of time available was spent on tuberculosis control. Eighty-one and one-half ($81\frac{1}{2}$) days were spent at Tuberculosis Clinics at twenty-three (23) different centres. Clinics are held twice yearly and special emphasis is placed on the examination of contacts, persons who have been exposed to open cases of tuberculosis. Unfortunately, even after the finding of new cases there are often long delays in getting such patients under treatment due to inability to arrange finances, lack of sanatorium beds and failure of some persons to realize their need of treatment. Too many open cases refuse to accept treatment, others go to the Sanatorium for a short period and return home to infect others in the family.

There is still a notable lack of tuberculosis beds, especially during the winter months there is a long waiting list at the sanatorium, the locating of a tuberculosis Unit in the Western end of the Province would relieve this situation to a considerable degree. The Portable X-ray equipment continued to give excellent service, such equipment has improved the diagnostic service to a marked extent. There is now no reason why persons needing X-ray chest examination cannot get such service at regular intervals. This service has been of greatest value in the search of early cases among contacts and in the follow-up of cases being treated at home.

Two surveys were carried out during the year using the Tuberculin Patch Test and the X-raying of all reactors. The first survey was the annual examination of pupils and staff at Ste. Anne's College, Church Point, N. S. One hundred and thirteen (113) students were so examined, 30.9% were

found Tuberculin Positive, X-raying resulted in the finding of no significant tuberculosis. Thirty-two (32) members of the staff and substaff were also examined, 84% were Tuberculin Positive, one case (Minimal) of significant tuberculosis was found and put under treatment.

The second survey was among the pupils and teachers of the Yarmouth Academy. Two hundred and fifty-nine (259) out of a total enrollment of two hundred and eighty (280) were tested, 15% were found Tuberculin Positive. X-raying these resulted in the finding of one case of minimal tuberculosis. All teachers had a chest X-ray plate, (54) fifty-four in all, none of these showed any significant tuberculosis requiring treatment. I am strongly of the opinion that all teachers should have a yearly X-ray examination of the chest.

In order to give a general idea as to the amount of tuberculosis located by all agencies in the various municipalities and towns the following table has been worked out, the information is not quite complete, but sufficiently so to give the general picture.

Municipality	Cases Diagnosed	Cases Admitted to Sanatorium	Deaths During Year
Argyle.....	10	10	9
Barrington.....	0	4	5
Chester.....	7	3	2
Clare.....	14	12	12
Lunenburg.....	32	37	13
Queens.....	7	3	5
Shelburne.....	11	6	3
Yarmouth.....	9	9	5
Bridgewater.....	4	4	1
Clark's Harbour.....	1	0	0
Liverpool.....	1	6	0
Lockeport.....	3	5	1
Lunenburg.....	1	4	2
Mahone Bay.....	4	0	0
Shelburne.....	4	3	1
Wedgeport.....	4	1	0
Yarmouth.....	20	14	11
Totals.....	133	119	69

The decision of the Department of National Defense to X-ray the chests of all recruits and enlisted men has also in-

creased the work of the Division, as from July to the present all such films are read at this office, also chest consultations are held on all persons whose films show evidence of disease. Since this work has started some 713 films have been interpreted.

Following is the summary of examinations made during the year.

Fluoroscopic examinations.....	3,244
X-rays interpreted.....	2,018
X-rays interpreted (Defense Forces) chest.....	713
Tuberculin Tests (Patch).....	451
Sputum examinations.....	1,380
Sputum Tests Positive for Tubercle bacilli.....	248—17.9%

Results of Chest Examinations

New Cases (pulmonary)	Per Cent of Total New Cases
Minimal Tuberculosis..... 48	.....45.3%
Moderately Advanced ... 30	.....28.3%
Far Advanced..... 28	.....26.4%
<hr/> 106	<hr/> 100%

New Cases 106—5.2% of Total First Examinations.

Suspect Cases 89—4.3% of Total First Examinations.

Negative Cases 1471—72.4% of Total First Examinations.

Pleurisy with Effusion 26

Primary Infection (childhood type) active	—10
inactive	—86

96 -4.4% Total
First Exam-
inations.

Total First Examinations —2036

Contacts seen for first time	— 817 -40.4% of First Examinations.
------------------------------	-------------------------------------

Re-Examinations:

Positive Cases	active..... 216	Per Cent of Total Re-examinations
	Inactive.. 819	
	1035	38.3%
Suspect Cases.....	112	4.1%
Negatives.....	1326	49.2%
Undiagnosed.....	5	
Non Pulmonary.....	219	
	2697	
Contacts re-examined....—	991	36.7%
Total examinations (first and re-examinations)-4733		

The establishment of an Army Camp and a Royal Canadian Air Force Station near Yarmouth and a naval and military base at Shelburne created several new problems. This office has endeavoured to assist and co-operate in every way with the Defense authorities.

The Victorian Order of Nurses were found most co-operative, working with our nurses many useful projects were accomplished.

I must again thank the Nova Scotia Tuberculosis Commission for a grant of Two Hundred Dollars (\$200.00) for the providing of free X-rays in certain areas where the Departmental Portable machine is not used. This grant is of much value in our work, it is to be hoped that the Tuberculosis Seal Sale will eventually take a larger place in the future control of tuberculosis.

Numerous educational talks were given throughout the Division, I only regret that more time is not available for such work.

Under your instructions, inspections of several Penal and Humane Institutions were carried out.

In June I was privileged to attend the meeting of the Canadian Public Health Association in Quebec City. This meeting was most informative, it is only by seeing and hearing how others are conquering their problems that progress can be made in the current Public Health movement.

I also attended the Departmental staff conference held in Halifax in January, this meeting serves to allow valuable discussion of our local problems.

Allow me to express my thanks to the Honourable Minister and yourself for a sympathetic understanding of problems presented during the year.

In conclusion let me express my appreciation for the co-operation received from:—health officers, the medical profession, nurses, office staff and others interested in the improving of Public Health.

Respectfully,

J. S. ROBERTSON, M.D., D.P.H.,

Divisional Medical Health Officer.

Yarmouth, N. S.,
November 30, 1941.

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

The Cape Breton Island Health Unit

To the Chief Health Officer:

I beg to submit my annual report of the fiscal year ending November 30, 1941.

The general programme of preventive medicine has been continued in its many phases. The presence of the armed forces in the district has led to a considerable amount of additional work all of which has been a pleasure to undertake.

There is evidence that some of the programmes initiated in the various districts by our Department are now continuing under their own impetus, this being particularly noted in connection with immunization procedures in the control of communicable diseases. We can see also, at least in certain districts, that more local responsibility is accepted in the anti-tuberculosis programme.

A new feature is incorporated in this report, namely, the first annual report of the Supervisor of the Nursing Service in this Health Unit. Miss Hazel Macdonald received her appointment as Supervisor of Nurses in 1939 but, due to changes in personnel leading to less than the number of nurses required for nursing districts, it was necessary for her to spend more time at public health nursing than at supervision. We have been most fortunate during the past year in

bringing our nursing staff up to full quota with the result that Miss Macdonald will now be able to devote more time to the necessary function of supervision. There have, of course, been some changes in personnel. Since the outbreak of war, every thinking person has had a keen desire to give his or her service to the country and at times it is extremely difficult to content oneself with the fact that the maintenance of a high standard of health in the civilian population is a most important contribution to the national war effort. Such an objective cannot be achieved without an efficient nursing staff and it is sincerely hoped that the realization of the importance of the public health nursing service in this programme will somewhat atone for the natural desire of being in official uniform.

The nurses have been as diligent as in previous years. I find increasing evidence of their efficiency and appreciation by the public of their efforts. There is no room for doubt as to the supreme importance of the district health nurse in a comprehensive programme for the development of preventive medicine.

With each passing year the task of preparing a concise and comprehensive report becomes more difficult. The work in this office is increasing and it appears, in one way or another, that the interest of and contact with local health organizations requires ever more attention. To bring all this to your attention, Sir, is not possible within the space of this report. However for a rapid survey of the facts and trends in the Health Unit, the following is submitted:

Acute Communicable Diseases

The system employed by the district nurse of telephoning each physician in her area has resulted in an improved picture of the communicable disease situation. This practice does not interfere with the obligation of the physician to notify his local Health Officer of communicable diseases, but it does serve as a double check in that the nurses also provide the local Medical Health Officer with the information she has obtained. A total of 9,817 communicable diseases were reported by Medical Health Officers and 12,025 by nurses.

There was evidence of an epidemic of influenza during December 1940 and January 1941 when some 5,000 cases were reported. A mild epidemic of german measles was apparent during March, April and May when some 1,000 cases were reported. Measles was prevalent throughout the winter, some 4,000 cases being reported between November and June, the largest number, 924, occurring in December. These minor epidemics were general throughout the Island.

Of the more lethal communicable diseases, CEREBRO SPINAL MENINGITIS was much more prevalent than in 1940 when only 12 cases were reported, whereas in 1941, we have record of 93. While each County is represented in these notifications, it is interesting to note that only one case was reported from Victoria. That district has little association with military activity and the population is entirely rural. In contrast, Cape Breton County, including the urban districts, reported 72 or approximately 80% of the 93 cases. In this County there is a great deal of military activity and the association of this fact and the increasing incidence of cerebro spinal meningitis cannot be ignored in so far as no cases of the disease were reported prior to the outbreak of war. The situation resolves itself to the problem of carriers which unfortunately, still remains unsolved. Plans are under way to ascertain if anything further can be done to clarify this situation. We have on record twelve deaths from this disease.

Diphtheria: There has been an increase in the incidence of diphtheria. In 1940, 16 cases were reported whereas in 1941 there have been 42; of these 21 or 50% occurred in Cape Breton County (rural and urban). Of the remaining 21, 11 or approximately 50% occurred in the Town of Port Hawkesbury and 7 or 33% in Richmond County. In the majority of cases the disease could be traced to a visitor who was a carrier of the organism. Secondary cases did occur as a result of missed diagnosis or poor handling of the first case. Of far greater importance, however, is the fact that the situation undoubtedly would have been much more serious but for the extensive and persistent toxoiding campaigns. The increase in incidence of the disease must only serve one purpose, namely to emphasize the absolute necessity of three doses of diphtheria toxoid for each baby and child and also those adults showing a positive Schick Test. Surveys of approximately 1,000 adults in the district of Cape Breton County show susceptibility to diphtheria ranging from 50% to 70%.

The administration of diphtheria toxoid has been continued in the schools and every encouragement is given parents to bring children of preschool age to these clinics. A summary of the number who have received the necessary three doses of toxoid is as follows:

	Previously Reported.	1941	Totals.
Cape Breton County,	17,186	2,697	19,883
Inverness County,	1,953	1,189	3,142
Richmond County,	1,514	975	2,129
Victoria County,	1,139	346	1,485
Not Allocated to Districts	2,514	.....	2,514
Totals	23,946	5,207	29,153

Scarlet Fever: One hundred and twenty-six cases were reported in 1940 and 132 in 1941. The policy has been continued of employing the Dick Test with immunization by Scarlet Fever Toxin for the positive reactors. It is most encouraging that this procedure is being employed more extensively in rural districts. Dr. MacMillan, Medical Health Officer for Victoria County, has experienced excellent results. This office was called on to assist in the control of scarlet fever in one of the Services which led to Dick Testing a large group of men and immunizing the positive reactors. It may be of interest to record that of this group, only 25% were susceptible to the disease as indicated by the test. This serves to emphasize the importance of the Dick Test preliminary to any immunization procedure. It is also worthy of mention that a few, and no severe, reactions to the Scarlet Fever Toxin were noted due I believe, to measuring the size and intensity of the Dick reaction and reducing the first dose in proportion. Sufficient Scarlet Fever Toxin for 419 individuals was issued during the year.

Whooping Cough: A marked decrease in the incidence of this disease has been noted, 1,216 being reported in 1940 and 124 in 1941. While the prevalence of the disease in 1940 would result in extensive "natural" immunization, there can be no doubt that the increasing use of artificial protection with Sauers Vaccine is also playing an important role. It is hoped that the public will take advantage of the low incidence of the disease to have the preschool children immunized. Dr. McKeough, Health Officer for Sydney Mines, held a clinic for whooping cough immunization a total of 140 children receiving the complete course. This illustrates that the public will have children immunized providing the procedure is made available. Sufficient Whooping Cough Vaccine for 256 individuals was issued.

Smallpox: is again conspicuous by its complete absence. Nevertheless the programme for vaccination has been persistently emphasized and assistance rendered by school inspectors and teachers for furthering the programme is gratefully acknowledged. The following is a summary of the vaccinations performed in which the staff of this Department assisted:

	Previously Reported 1941		Total
Cape Breton County,	5,194	369	5,563
Inverness County,	1,629	119	1,748
Richmond County,	1,430	56	1,486
Victoria County,	1,514	96	1,610
Totals,	9,767	640	10,407

Typhoid and Paratyphoid: Four cases of paratyphoid have been reported in the Island one of which occurred in the City of Sydney, one in Glace Bay and two in Richmond County. Necessary investigation was carried out as a result of which one carrier was uncovered and another case discovered. One case of typhoid occurred in Sydney. All of these people are having the necessary follow up work done.

Infantile Paralysis: One case of the disease was reported in the civilian population.

Tuberculosis

The programme for the control of this disease has been continued and somewhat expanded. Efforts have been directed to improving and co-ordinating the three chief branches of endeavor for its control, namely diagnosis, treatment and home nursing supervision. The situation will be reviewed under these three headings.

1. **Diagnosis.** The fundamental value of the X-ray plate is stressed and every assistance and encouragement has been given to hospital X-ray plants and physicians to avail themselves of this means of diagnosis. In an effort to reduce the number of films to those actually required, the Patch Tuberculin Test has been employed widely as a "filter." All tuberculosis contacts are tuberculin tested and the positive reactors X-rayed. The test is also employed in tuberculosis surveys of apparently normal groups of population. There are ten hospitals in the Island of Cape Breton equipped with X-ray so that it becomes possible to have a continuous case-finding programme in operation as a result of nursing and medical activities. In addition to this service which is locally operative, the travelling tuberculosis clinic lends assistance in the urban districts in the matter of consultation, recheck of old cases and supervision. In the rural districts the clinic service becomes the chief factor in case finding since the portable X-ray can be brought to within practical distance of the home. In the past year it has become necessary to devote Saturday mornings to chest diagnostic work in the Sydney office. This is a new service. The many rural patients find it a convenience for re-examination between clinics and there is always a local demand for consultation.

Our tuberculosis register is a focal point for all sources of information regarding the diagnosis of tuberculosis. Here is entered information concerning patients diagnosed as a result of examination at clinic, X-rayed examination in local hospitals, examination of sputum, cases reported by physicians

or military authorities. Examination of this register shows the following:

In the fiscal year 1941, 380 (395)* new cases of adult tuberculosis have been diagnosed. Of these 380, 204 or 53.7% (200 or 51%) were minimal; 99 or 26% (113 or 28.9%) moderately advanced and 77 or 20.2% (79 or 20.1%) far advanced. In addition to the above 25 cases of primary (childhood) tuberculosis requiring treatment and 131 cases of suspected tuberculosis were seen; making a total of 536 new cases requiring observation, supervision or treatment.

Of the 380 new cases of adult tuberculosis, 136 or 35.8% were examined at "clinic" and 78 or 20.6% were diagnosed through this service. All cases regardless of source of diagnosis, came under the supervision of this Department, either through admission to a Tuberculosis Unit or as a result of the district nursing service, or consultation at clinic. The figures, however serve to emphasize the utmost importance of tapping all sources of information to obtain a complete picture of the tuberculosis situation.

During the year 37 clinics were held chiefly in rural districts. A total of 1,673 patients attended of whom 780 or 46.7% were examined for the first time and 893 or 53.3% were re-examinations. Of the first examinations, 556 or 71.3% gave a history of tuberculosis contact comparing with 69% in 1940. Of the first examinations 583 or 74.8% had been Tuberculin Tested before attending clinic.

In addition to the actual "clinic" work, considerable time was devoted to interpretation of chest films from hospitals. The following tables are drawn up to analyze the work for the year:

Table I

Summary of Diagnostic Examinations.

	1st Exams.	Re-Exams.	Surveys	Total
X-Rays Interpreted.....	1492	1429	660	3,581†
Physical Examinations...	226	405	.....	631
Fluoroscopic Examina- tions.....	301	246	.....	547
Totals.....	2,019	2,080	660	4,759

*Figures in brackets are for 1940.

†Including 853 films taken on our portable X-ray.

Table II

Analysis of First Examinations in "Clinic Service"

Diagnosis	Hist'y of Tb.Cont.		No Hist.ofTb.Cont.		Total	
	No.	%	No.	%	No.	%
Undiagnosed.....	2	0.3%	2	.9%	4	.6%
Negative.....	353	63.5%	107	47.8%	460	58.9%
Suspected Tb.....	22	3.9%	22	9.8%	44	5.7%
Primary Tb. (Incl. Calc.).....	101	18.3%	35	15.6%	136	17.4%
Adult Tuberculosis	78	14.0%	58	25.9%	136	17.4%
Totals.....	556	71.3%	224	28.7%	780	100%

It will be noted that negative reactors have been reduced to 58.9% as compared with 61.6% in 1940 and 72% in 1938. An unusual fact in this analysis is that 14% of those with history of tuberculosis contact were found to have adult tuberculosis, whereas 25% of those without contact, had the disease. This is apparently explained by the fact that in the first group only 64% were over fifteen years of age, whereas in the latter, 90% were in this age group. The difference in these two groups follows on our policy of examining all contacts of known cases of tuberculosis, which naturally brings forward a large number of children.

Table III

Analysis of New Cases of Adult Tb. Examined in Clinic Service.

Diagnosis	Hist. of Cont.		No Hist. of Cont.		Total.	
	No.	%	No.	%	No.	%
Minimal.....	39	50.0%	29	50.0%	68	50 %
Moderately Ad- vanced.....	21	26.9%	16	27.6%	37	27.2%
Far Advanced.....	18	23.1%	13	22.4%	31	22.8%
	78	100 %	58	100 %	136	100 %

In addition to the above 15 cases of active primary tuberculosis were discovered among contacts of which 13 or 86% were under the age of ten.

Table IV

Yearly Analysis of New Cases of Adult Tb. Examined in Clinic Service.

Year	Minimal	Mod.	Avd.	Far	Advanced	Totals	% of First Exams. with Adult Tb.
	No.	%	No.	%	No.	%	
1938	58	32%	58	31.0%	67	37.0%	183 100% 13.9%
1939	70	51.1%	43	31.4%	24	17.5%	137 100% 14.0%
1940	104	53.1%	60	30.6%	32	16.3%	196 100% 17.8%
1941	68	50%	37	27.3%	31	22.7%	136 100% 17.3%

Tuberculosis Surveys: Due to unforeseen circumstances, tuberculosis surveys had to be curtailed in order to maintain satisfactory diagnostic service for the rural districts. However high school surveys under the financial auspices of the local Tuberculosis Seal Sale Committees in New Waterford, Glace Bay and North Sydney were repeated and some survey work has been done among rural teachers. The following tables summarize this work:

Table V

Result of Tuberculin Testing According to Groups

Group	Tbn. Positive		Tbn. Negative		Total
	No.	%	No.	%	
High School Students.....	600	34.1%	1134	65.9%	1734
Teachers.....	60	46.2%	70	53.8%	130
	660	35.4%	1204	64.5%	1864

Table VI

X-Ray Findings in Positive Tuberculin Reactors (Tb. Surveys).

Group	Neg.	Calcif.	Susp.	Min.	Mod. Adv.	Far Adv.	Not X-Rayed	Total
High School Students.....	367	190	15	3	1*	0	24	600
Teachers.....	29	14	2	2	1*	0	12	60
Totals.....	396	204	17	5	2	0	36	660

It will be noted that only five new cases were diagnosed and all of these were in the minimal stage.

*Cases previously on record.

Table VII
Summary of New Significant Adult Tuberculosis.
According to Source of Discovery.

	Minimal		Mod. Advanced		Far Advanced		Total	
	No.	%	No.	%	No.	%	No.	%
Clinic Service	42	53.9%	22	28.2%	14	17.9%	78	100%
Tbn. Surveys	10*	100%	0	.....	0	.....	10	100%
Other Sources	152	52.1%	77	26.4%	63	21.5%	292	100%
Totals.....	204	53.7%	99	26%	77	20.3%	380	100%

*Incl. 5 cases of minimal tb. suspected in 1940 but diagnosed minimal 1941.

The improvement noted in the diagnosis of minimal tuberculosis from "other sources" as compared with 1940 (40 or 39.6%) is largely due to the x-raying of recruits. From this source, 48 cases of significant tuberculosis were diagnosed of which 36 or 75% were minimal and 12 or 25% moderately advanced. A study of these tables reveals that the diagnostic services are yielding improved results in diagnosis of early tuberculosis and more particularly that surveys of apparently normal groups of population by the Tuberculin Test and x-ray is our chief weapon in searching out early tuberculosis. In the presence of wartime conditions and with evidence of increasing death rates from tuberculosis already appearing, it becomes imperative that these diagnostic services be maintained and improved together with the necessary follow up of treatment and supervision. In this way only can the disease be kept under control in these fateful times.

2. Treatment of Pulmonary Tuberculosis. There are at the present time 154 beds available for the treatment of pulmonary tuberculosis in Cape Breton Island. These are distributed as follows:

Table VIII

	Standard Capacity	
Sydney—City of Sydney Tb. Unit.....	40	40
Glace Bay—Glace Bay General Tb. Unit.....	42	48
—St. Joseph's Tuberculosis Unit	42	48
Inverness—St. Mary's Tuberculosis Unit.....	10	10
Cheticamp—Sacred Heart Hospital.....	8	8
	142	154

Each of the larger Tuberculosis Units has a staff of two local physicians whose responsibility is to visit patients and carry out such treatment as is decided at staff conferences. These conferences, which are held every two to three weeks

and which I attend, take usually from two to three hours. The condition of each patient reviewed is carefully appraised, examinations required are performed and treatment outlined.

Facilities for surgical treatment have been expanded. The hospitals in Glace Bay jointly purchased the necessary equipment for pneumolysis (severing adhesions in pneumothorax cases), and Dr. Densmore of that town went away for a period of study. Since his return he has been performing these operations in a most satisfactory manner.

The larger Tuberculosis Units, namely Sydney and the two in Glace Bay, each has an affiliate course for their student nurses during which they receive an insight into the methods of nursing the tuberculous, prevention of the disease and an outline of the various forms of treatment.

In all the Units an educational programme for the patients is outlined with reference to the care of themselves and the prevention of spread of infection. Emphasis is placed on the importance of family surveys and regular check-ups of contacts as a measure of insurance against the development of tuberculosis. This programme is producing very good results.

The demand for beds in the hospital Tuberculosis Units keeps them continuously occupied and frequently there is a waiting list of several patients. The turn-over of beds with resultant treatment of more patients and consequently smaller waiting lists, is only accomplished through relatively early diagnosis and immediate employment of collapse therapy. Pneumothorax having been established, a patient is discharged as soon as satisfactory collapse is obtained and he continues treatment at home returning to a pneumothorax centre for air refills. Another pneumothorax centre has been established at Sydney Mines, the apparatus having been purchased by the Tuberculosis Seal Sale Committee of that town. It is now possible to receive refills of air (pneumothorax) at Cheticamp, Inverness, Port Hawkesbury, Arichat, Baddeck, Sydney Mines, North Sydney, Sydney and Glace Bay. These "stations" are of great assistance to patients and save many hours and miles of travel.

A summary of the work in the Tuberculosis Units is as follows:

Table IX**Admissions, Discharges etc., Tuberculosis Units, C. B. Island.**

Name of Tb. Unit	Admissions	Re-Ad- missions	Discharges	Deaths	Trans- ferred to Kentville for Thor- acoplasty or Pneu- molysis
Sydney Tb. Unit.....	46	5	36	13	2
Glace Bay General.....	70	6	47	11	13
St. Joseph's Tb. Unit.....	60	5	41	12	5
St. Mary's (Inverness).....	11	2	6	4	2
Sacred Heart Hospt., (Chet- icamp).....	14	4	6	2	....
Totals.....	201	22	136	42	22

The deaths represents patients who were fatally ill because of extent of disease on admission. While it is regrettable to have to record this fact, there is some consolation in realizing that these deaths occurred in institutions rather than in the home where the dying patient would have been spreading infection; as a matter of fact taking the 1939 statistics when 70 deaths were recorded from pulmonary tuberculosis in the Island of Cape Breton, the 42 recorded this year means that more than 60% of the deaths in this district are occurring in hospitals instead of the home, a most important factor in the control of the disease.

Table X**Condition of Patients on Admission.**

Tuberculosis Unit	Susp.	Min.	Mod.	Adv.	Far	Advanced		
Sydney Tb. Unit....	0	5	17	24				
Glace Bay General	1	15	16	38				
St. Joseph's Tb. Unit.....	4	18	17	21				
St. Mary's (In- verness).....	0	0	7	12				
Sacred Heart Hospt. (Cheticamp)....	2	0	2	2				
Totals.....	7	3.5%	38	18.9%	59	29.3%	97	48.2%

Table XI**Collapse Therapy Employed**

Pneumothorax	Phrenic Nerve Operations	16
Attempted	124	
Pneumothorax	Monaldi Cavity Drainage	2
Operable..	105 or 84.7%	Pneumolysis..... 2
Px. Operations	Transferred to Kentville	
“In” Pts.....	3251	for Thoracoplasty or
Px. Operations		Pneumolysis.....14
“Out” Pts..	2444	
	5695	

3. Nursing Supervision in the Home: This service, carried out by our district nurses, is invaluable in the programme for the control of the disease. It provides the connecting link in a chain of endeavor which otherwise might well result in wasted effort. The nurse, working in close association with the family physician, local institutions and this office, contributes to the programme through education in prevention of the disease, arranging routine check ups of contacts, searching out sources of infection and being of assistance to those following “the cure” at home. During the year 4,942 visits were made by nurses to cases of tuberculosis and 2,742 contacts were seen. 4,005 Patch Tuberculin Tests were applied and read.

Venereal Diseases

Syphilis: 79 cases have been reported from the district. We have received 401 reports from the Laboratory of which 297 appear on our records for the first time. No change has taken place in facilities for treatment nor has there been any further development toward the control of the disease. This situation must be remedied sooner or later. Certainly, as in other communicable diseases, unless the source of infection be discovered, the original focus remains to cause other cases.

Gonorrhoea: 114 cases have been reported. The use of modern chemotherapy in this disease makes its cure almost miraculous. A more determined effort to uncover sources of infection must be undertaken.

Sanitation

Mr. Allister Grant, C. S. I., resigned from our staff in September of this year and was replaced by Mr. Joseph Chisholm, C. S. I. who reported for duty in November 1941.

Thus there is an unavoidable gap in the service rendered during this year.

The majority of time was spent in attempts to improve the handling and processing of milk producing a product of satisfactory sanitary quality. Realizing that co-operation and education had been employed to the full, it was felt that further progress could not be made without regulations covering the production, processing and handling of milk supplies in the various districts affected. A set of regulations was drawn up and submitted to the Boards of Health of Glace Bay, Dominion, New Waterford, North Sydney, Sydney Mines, and Louisburg, each of which passed them unanimously. The Board of Health of the City of Sydney is expected to pass them within the next few days, after which the whole of Cape Breton County will be governed by the same regulations. It then becomes highly desirable to have a qualified Inspector appointed by the Jointex Board whose duties will include supervision of the entire production and distribution of milk in the Cape Breton district. A summary of the years work is as follows:—

Inspections of and visits to pasteurizing plants.....	711
Inspections of and visits to dairy farms	331
	<hr/>
	1042
 Samples collected from pasteurizing plants.....	 284
Samples collected from dairy farms.....	331
	<hr/>
	615

Of the samples from pasteurizing plants, 40% met all requirements of the Public Health Act. This compares with 28.9% in 1939 and 36% in 1940. It is of interest to note that only 11.1% showed evidence of under-pasteurization (phosphatase test) as compared with 20% in 1940. There is little doubt that the recent amendment to the Public Health Act requiring the use of recording thermometers for pasteurizing plants has done a great deal to affect this improvement.

During the past year one pasteurizing establishment erected a completely new plant. Another installed a new pasteurizer, cooler and bottler.

Of the 124 samples of raw milk collected, 62% did not meet the requirements of the Public Health Act as compared with 46.1% in 1940 and 64.7% in 1939. This change probably results in part from the shifting and adjustment of milk routes following the fixing of milk prices; another factor may be due

to poor ice harvesting during last winter and lack of adequate cooling facilities. There is certainly room for great improvement in the sanitary quality of raw milk.

Water: Routine visits were made to the various water supplies. The chlorinated water supplies of New Waterford and North Sydney continue to be bacteriologically satisfactory. Those of Sydney and Glace Bay cannot be considered in the same light.

Five sanitary surveys were made during the year.

Travelling Dental Clinic

The inquiries for dental service in rural districts have been as numerous as ever. Early in the year it was considered doubtful whether the services of a dental surgeon could be procured and to avoid disappointment to rural communities, they were not encouraged to forward applications until more definite information was at hand. When it was finally ascertained that the dental trailer would be available from September to the end of November for the Island, this fact was announced with the result that numerous applications were received.

Table XII

Summary of Demand for Dental Services in Rural Districts.

	Applications Fulfilled	Applications Unfulfilled	Total Applications	Days spent In District	Children Enrolled Treated
C. B. County.....	5	0	5	15½	231+
Inverness Co.....	3	6	9	9	77
Richmond Co.....	0	0	0	.....	.....
Victoria Co.....	21	..	21	40	549
Total.....	29	6	35	64½	857+

There is little if any doubt that it is possible to fill a complete season for the dental trailer in Cape Breton Island. It is hoped that arrangements can be completed to make this vital dental service available during the next year.

General Remarks

A visit of the Provincial Psychiatrist, Dr. Bryson and the Psychologist, Miss Harding, to this district resulted in examinations and advice for some 200 school children referred to them for opinion. This very important service was much appreciated.

Closer association with the Department of Education through the School Inspectors has resulted in a more concise attitude toward common problems. Local conferences between representatives of these two Departments would undoubtedly lead to further improvement in joint efforts.

The local Tuberculosis Seal Sale Committees have continued to collect funds which are spent on the prevention of tuberculosis in their respective districts. Some two thousand dollars was so collected and expended chiefly in chest surveys. The annual grant of two hundred dollars from the Nova Scotia Tuberculosis Commission continues to give splendid aid in solving small but troublesome problems throughout the Health Unit.

During the year routine visits to teacher pensioners were made and reports submitted to you, Sir. A number of routine inspections of humane and penal institutions were also done. Such inspections are of great value to myself insofar as they serve to keep me in touch with local conditions. Plans are being considered for the development of a tuberculosis section in the Inverness County Home.

Considerable time was devoted to the A. R. P. organization. While it has been somewhat difficult to maintain active interest in the First Aid Branches, nevertheless the organization is ready for an emergency.

The annual meeting of the Divisional Medical Health Officers in the office of the Honourable Minister in Halifax was most interesting and instructive. Such meetings are of immense assistance as the numerous problems which accumulate from time to time can be discussed and many solved.

It was a privilege, Sir, to be permitted to attend the Canadian Public Health Association meeting in Quebec. This meeting had the largest attendance on record, indicating its importance and the high esteem with which the Association is regarded by the various health organizations throughout Canada. I also attended the Nova Scotia Health Officers Association where a paper, "The Dick Test in the Control of Scarlet Fever" was submitted.

My thanks for their close co-operation is extended to the various official and unofficial organizations and groups in the Health Unit. Once again to the office staff and nurses I wish to express my deep appreciation for their everpresent willingness and continued endeavors to improve the standard of our work.

To yourself, Sir, and the Honourable Minister of Health,
I wish to extend my sincere thanks for your continued interest
and advice in the development of preventive medicine.

Respectfully submitted,

C. J. W. BECKWITH, M.D., D.P.H.,

Div. Med. Health Officer.

Sydney, N. S.,
November 30, 1941.

The Cape Breton Island Health Unit.

To
Dr. C. J. W. Beckwith, D.P.H.
Div. Med. Health Officer,
C. B. Island Health Unit,
Sydney, N. S.

I beg to submit my first annual report of the activities
of the Supervisor and Public Health Nurses of the Cape
Breton Island Health Unit for the year 1940-41.

Annual Conference.

On December 27th-28th 1940, the annual conference of
the Cape Breton Island Health Unit nurses with Dr. P. S.
Campbell, Chief Health Officer and Miss M. E. MacKenzie,
Superintendent of the Nursing Service, was held in Sydney
in the classroom of the City Hospital.

Reports on the activities of her district were read by each
nurse and discussed generally.

Bag equipment was demonstrated in the set-up for tuber-
culosis clinics, for school inspection and for Tuberculin Testing
on a large scale.

The Institute.

In June an opportunity was opened to all the Public
Health Nurses of Nova Scotia to attend the annual meeting
of the R. N. Association of Nova Scotia or to attend an In-
stitute—"Better Nurses—Better Nursing"—conducted by
Miss Marion Lindebergh, Director of the School for Graduate

Nurses, McGill University. This opportunity was very much appreciated and we have since profited by the knowledge gained.

Extra Conferences

The Cape Breton County nurses have an opportunity to meet at intervals of five or six weeks (six meetings in all this year) and in this way discuss and receive advice on special cases and problems.

Kiwanis Health Camp

In July, for two weeks each, two of the Cape Breton County Public Health Nurses were in charge of the Kiwanis Health Camp at Mira Ferry. About one hundred children were supervised and it was found that of those in these two groups 94 had been immunized against diphtheria.

Clinics

The Public Health Nurses of the Cape Breton Island Health Unit are responsible for the organization and set-up of all clinics—whether they be for the purpose of tuberculosis, follow-up or immunization. Accommodation is secured, patients notified and appointments made by the Public Health Nurse. The smooth running of a clinic depends largely upon the ground work that has been done. We have found it more satisfactory to have at least two nurses attend all clinics. One nurse attends to the patients and their records, the other, if it is a chest clinic, assists with x-rays, changing cassettes, etc; if an immunization clinic, she keeps syringes filled, needles sterilized, arms swabbed.

In December 1940, two Schick testing clinics for the general public were held in Sydney with fair response.

Routine immunization against diphtheria was conducted throughout the Island. The immunization is done by the Medical Health Officers or local doctors.

Clinics were also held for the administration of Scarlet Fever Toxin and Whooping Cough Immunization for preschool children in two districts.

Emergency Service

It has always been a function of the Public Health Nurse to conduct home nursing classes, but since the outbreak of

war, this function has been emphasized and first aid instruction added. Demonstrations in bandaging have been given and the necessary instructions for the making of bandages and dressings to interested groups.

New Equipment

A portable dark-room, an invention of Dr. J. J. MacRitchie, has been added to the x-ray equipment for use in rural districts and has been in service through the Fall clinics.

The problem of private space for school inspection has been solved by the addition of a screen, portable table and chair to the school inspection equipment.

Personnel

During the year, two vacancies on the staff were filled. In March, Miss Elsie Dakai, P.H.N., McGill 1940, was appointed to the Inverness North district, and after assisting in the Sydney Office, she took up her duties in that district in May. In August, Miss Ann Buffett, P.H.N. of the School of Nursing, Toronto, 1941, was appointed to the Sydney district replacing Miss K. MacNeil who was transferred to the New Waterford district.

Miss Wile, temporarily appointed to the North Victoria district in December 1940, left in September to take the Public Health nursing course at the School of Nursing, Toronto University, having been awarded a Rockefeller Foundation Fellowship.

Records

Foremost among the nursing records is the family folder. Through this medium we have a picture of the problems confronting us. We feel that a definite contribution is being made through its use. At present we have 827 families under supervision, 818 new or continued and 9 old or re-opened. The greater number of families for whom we have such a record are being supervised because of a case or cases of tuberculosis in the home. Division of services is as follows:

Tuberculosis.....	732
Infant Welfare.....	81
Antepartum.....	31
Preschool.....	14
Postpartum.....	9
Morbidity.....	4
Communicable Diseases.....	3
School.....	3

49 of the families are receiving two services. Accurate records are invaluable for the future development of any project. Through records a community has the privilege of seeing what is being done with its money. We have found through an analysis of hours spent on duty—totalling 20,152—that 23% of this time is devoted to record-keeping. Several factors enter in to the amount of time required for this work, that is, number of schools in a district, number of cases of tuberculosis, amount of “contact” work being done and number of immunization clinics held. For every phase of the work there is a corresponding record.

Home Visiting.

Another very important part of the Public Health Nurses’ work is visiting in the homes to give instruction chiefly in emergencies or for purposes of demonstration to give care. It is not the number of visits made that is really important, it is the quality of the visit that counts and produces results.

While our programme is a generalized one, the major problem is still tuberculosis and therefore that is where the emphasis is being placed.

The attached table will give an idea of the number of cases visited and the types of service rendered by our nurses. Of the total homes visited, (12,490,), 7,684 tuberculosis cases and contacts received attention; or, of the total types of visits made, 47.6% were in connection with our tuberculosis programme.

Rockefeller Foundation.

In August we were privileged to have a visit from Miss M. E. Tennant, Director of Nursing for the Rockefeller Foundation. Miss Tennant visited each district, meeting all the nurses of the Unit with the exception of two who were on their annual vacation at the time. We were encouraged by her favorable comment of the work being done.

Two papers were written during the year and appeared in the October issue of “The Canadian Nurse” the official publication of The Canadian Nurses Association. These papers were entitled “Public Health Nursing in a Rural Health Unit” and “Nova Scotia Carries On.”

In conclusion, I wish to extend my appreciation to the Superintendents of the Hospitals of Cape Breton Island and to the many organizations that are helping us to carry out our Public Health programme.

To Miss M. E. MacKenzie, Superintendent of the Nursing Service, who has at all times given valuable assistance and advice, I extend my appreciation.

To you, Dr. Beckwith, I am grateful for your understanding in all matters connected with our work.

I also wish to thank the Public Health Nurses and clerical staff of the Unit for their loyalty and help since the Cape Breton Island Health Unit started in 1937.

Respectfully submitted,

H. R. C. MacDONALD, P. H. N.,

Supervisor of Nurses.

Sydney, N. S.,
November 30, 1941.

CAPE BRETON ISLAND HEALTH UNIT

Detail of home visits, December 1, 1940 to November 30, 1941.

Hours on Duty: This includes time for clinical work, clerical work, travelling, meetings and conferences

NURSES	Months on Duty	Hours on Duty	Total homes Visited	Hours spent in Home Visiting	TYPES OF VISITS												Confinements	Hours of Bed-side Nursing
					T. B. Cases	T. B. Con-tacts	Acute Com-municable	Surgical	Medical	SCHOOL	Pre School	INFANTS	Pre Natal	Post Natal	Others			
District in C. B. Is.	12	1891	1665	810.45	1155	718	88	0	1	115	42	65	52	7	89	0	25	
Miss Brophy																		
Miss Buffet	4½	706	429	151.20	312	309	31	2	9	31	26	17	5	4	30	0	21	
Miss Francis																		
C. B. No.	12	1921	1470	920.00	697	25	3	1	15	322	139	176	38	10	104	1	69	
Miss H.H. MacDonald																		
Louisburg	12	1882	1284	615.00	150	323	40	88	223	206	433	26	56	35	293	4	131	
*Miss H.R.C. MacDonald																		
Sydney	12	2141	507	145.10	249	95	77	0	2	11	17	10	4	2	65	0	71	
Miss K. MacNeil																		
New Waterford	12	1725	1163	563.25	796	505	68	0	39	38	4	15	5	1	61	0	46	
Miss Lyttle																		
Vict. So.	12	2529	1377	603.40	143	88	185	0	0	959	817	369	35	8	197	39	551	
Miss Wile																		
Vict. No.	9½	1716	951	63.20	35	196	29	120	409	11	3	81	35	34	20	3	805	
Miss Dakai																		
Inv. No.	8½	1336	1072	402.10	609	262	38	8	67	35	61	76	19	1	9	0	8	

Miss Mackinley	12	2211	1190	548.05	204	140	89	15	129	196	1	150	20	5	134	1	135
Inv. So.....																	
Miss Martell	12	2084	1382	712.30	602	81	276	9	30	482	244	151	12	18	0	8	253
Rich. Co.....																	
Totals		20152	12490	5490	4942	2742	924	243	924	2045	1787	1136	281	125	982	56	2115

Note: Total Homes Visited 12490; but Total Types of Visits is 16131: Percentages are based on 16131 total.
Visits T. B. Cases 4942, Visits T. B. Contact 2742: 7684/16131 which is 47.6%

Percentage of time on Home Visits: 5490/20152 which is 27.2%

Note: 28 Camp days of 8 hrs..... 224 hours to be added to Total hours on duty making the total 20376.

*Clinical and clerical work took the time of this nurse.

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER

THE FUNDY HEALTH DIVISION

To the Chief Health Officer:

I beg to submit my report for the fiscal year ending November 30, 1941.

This year has seen further progress and organization of health services within this health division. However, despite this progress much remains to be done and I suppose this will always be the case.

During 1941 there was carried out the regular decennial census in Canada. We have certain preliminary census figures available and these give us an interesting insight into the distribution of population in this Division. This Division is made up of Colchester, Hants, Kings, Annapolis Counties and the Municipality of Digby. Digby County has two municipalities, Digby and Clare. Clare Municipality is in the Western Health Division.

The population figures for the various Counties are as follows:

	1941	1931
Colchester.....	28,618	25,051
Hants.....	21,824	19,393
Kings.....	28,561	24,357
Annapolis.....	17,528	16,297
Digby.....	19,311	18,353
Totals.....	115,842	103,451

(Municipality of Digby figures not yet available.)

This shows an increase, in the ten year period, in total population of 12,391, or an increase of 12%.

The population of all incorporated towns shows an increase, with one exception, that being Bridgetown, Annapolis County. The population figures for the incorporated towns, divided as to Counties, are as follows:

	1941	1931
Colchester County		
Truro.....	10,410	7,901
Stewiacke.....	936	803
Hants County		
Windsor.....	3,402	3,032
Hantsport.....	895	704

Kings County		
Kentville.....	3,850	3,033
Wolfville.....	1,910	1,818
Berwick.....	941	837
Annapolis County		
Middleton.....	1,154	904
Bridgetown.....	995	1,126
Annapolis Royal.....	767	739
Digby County		
Digby.....	1,603	1,412
	<hr/> 26,863	<hr/> 22,309

This shows an increase, in ten years, in population of incorporated towns of 4,554, or an increase of 20%. The total population of all the counties increased about 12%, so it can be seen that the population of the towns has increased much more than the surrounding rural areas. From these figures we can summarize our incorporated town population as follows—we have one town with a population of 10,000, two towns between 3000 and 4000, three towns between 1000 and 2000, and five towns with a population of under 1000. From this it can be easily seen that the population of this Division is largely rural, 77% of the population living in rural areas outside incorporated towns.

Nursing Services:

We have had changes and an increase in our nursing personnel during the past year. Miss J. A. MacIvor, who was formerly in Colchester County, resigned and was replaced by Miss L. Marie Grant, who had been situated in Hants County. Miss E. M. Trerice came as a new addition to the staff to take Miss Grant's place in Hants County. Miss D. I. Cox is still the Public Health Nurse for Kings County. Miss Gertrude Anderson, who formerly had Digby and Annapolis Counties, has now had her territory decreased to Annapolis County and Mrs. M. E. McEvory is our other new nurse who has taken over Digby County. In all, we now have five Public Health Nurses in this Division, all well trained in public health nursing. May I pay a well earned tribute to their unceasing efforts. Each of them carry a much higher case load and cover much larger territories than are recommended. The work they do is of a necessity limited by these factors. I feel that the expansion of our public health program necessitates further increases in our public health nursing staff, together with the addition of a local nursing supervisor.

The work of our public health nurses includes examination of school children, with visits to the homes of children with defects. These home visits carry public health teaching into the home. The nurses do a great deal in arranging for the correction of various defects, such as eye and ear defects, diseased tonsils, skin diseases, etc. The nurses' work includes tuberculosis case visiting and follow-up work, preparation for and assistance at tuberculosis clinics. She does public health teaching to the families of tuberculosis patients and assists them in the care of patients who remain at home. The nurses also are doing an excellent job in organizing Smallpox Vaccination, Diphtheria and Scarlet Fever immunization clinics. These things briefly sum up the work of the nurses. This is a pretty big order, for nurses in large counties, with a predominant rural population, considering the fact that during the winter large numbers of roads are either totally or partially impassable.

We are greatly aided in our work by the Victorian Order Nurses in this Division. There are two V. O. N.'s in Truro and one in each of the following towns—Windsor, Wolfville, Kentville and Digby. In each of these last four towns the V. O. N. is also the school nurse. This relieves our public health nurses of school work in these towns. Our nurses, however, assist the Victorian Order Nurses in immunization clinics, etc. In all towns over 1500 of population in this Division there are branches of the Victorian Order Nurses. During the year a new branch was created in Windsor. May I express appreciation for the excellent work these Victorian Order Nurses are doing. They have given me and our nurses the closest co-operation.

Communicable Diseases:

At Windsor, in the Divisional headquarters, is kept a supply of biological materials. This office is the distributing centre for these materials throughout the greater part of the Division. During the year the following products were sent out:

Diphtheria Toxoid sufficient for the immunization of over 9000 persons.

Smallpox Vaccine sufficient for the immunization of over 1400 persons.

Scarlet Fever Toxin sufficient for the immunization of over 300 persons.

Typhoid-paratyphoid Vaccine for 16 persons.

Schick Test Material—205 packages (each sufficient for 25 persons). Besides these products, those biologicals used in treatment were distributed widely.

Diphtheria:

There were 34 cases reported. These occurred at scattered points throughout the Division and occurred mainly in individuals who had not availed themselves of opportunities to receive diphtheria toxoid. Five cases occurred in persons who had received diphtheria toxoid within one and a half years. All these cases were mild in character and responded to small doses of antitoxin. One death occurred in a child who had not received toxoid.

Commencing toward the latter part of last year and continuing on into this year large numbers of individuals were immunized against Diphtheria. In all we have records of 14,996 persons who received three doses of diphtheria toxoid, 780 who received two doses and 629 who received one dose. This is not the complete picture of immunization against diphtheria within this Division. The figures given are those who attended clinics mainly arranged by our public health nurses. There were other clinics held of which we have no record and there were numerous persons immunized by physicians in their offices. We feel, on talking to the various physicians, that those given as receiving one or two doses of toxoid later completed their immunization treatment. Diphtheria immunization has been carried on in various parts of this Division for several years, particularly in the eastern end of Kings County, so that a high percentage of our preschool and school population has been protected against Diphtheria. This is particularly true in Hants County, where we have a record of 85% of the school population having received three doses of toxoid within the past year and of 7.6% who received one or two doses.

Following is a summary, Table I, showing the number of doses of diphtheria toxoid given to various individuals in each county, divided into age-groups; and also showing the approximate percentage of the school population receiving three, two and one doses of toxoid, within the last fifteen months.

Table I

County (approx. school pop'n. in brackets)	Doses of Toxoid	Age-groups in Years					Total	Percentage of school pop'n receiving Toxoid
		0-4	5-9	10-14	15-20	Over 20		
Colchester..... (5000)	3	324	850	1099	268	63	2604	44.0 %
	2	6	30	32	4		72	1.3
	1	8	28	20	4		60	1.0
Hants..... (4417)	3	786	1488	1490	768	1380	5912	85.0
	2	69	80	76	41	98	364	4.6
	1	84	53	37	46	116	336	3.0
Kings..... (5000)	3	559	1236	1059	372	408	3663	54.0
	2	75	104	78	41	46	344	4.0
	1	69	68	30	32	34	233	2.6
Annapolis..... (3000)	3	281	595	568	247	94	1785	47.0
Mun. of Digby (1684)	3	1032 school and preschool					1032	55.0

During this year we Schick-tested both the 1941 and 1942 classes at the Provincial Normal College. The results are as follows:

Number of students who had never had Diphtheria or received diph-	1942 Class	1941 Class
theria toxoid.....	84	243
Percentage showing positive Schick test	87%	81%

The Normal College students are largely between 17 and 19 years of age inclusive. This shows how large a proportion of this age-group is not immune to diphtheria. Those in the 1941 class showing a positive reaction were given three doses of toxoid and then re-schick tested from 4 to 7 weeks after the third dose. All but 2 were Schick-negative. In other words, 99.2% were rendered Schick-negative by 3 doses of diphtheria toxoid. Those in the 1942 class showing a positive schick test have received their first dose of toxoid. The other two doses will be given in the new year.

In Windsor and vicinity there were 558 adults schick-tested during October and November, 1940. Table II shows the results obtained. This group is divided into age-groups and is about two-thirds female.

Table II

Positive Schick Reactions

Age group in years	Number tested	Number	Percentage
20-24	73	68	93.0%
25-29	45	42	93.0
30-39	44	40	91.0
40-49	39	35	89.0
50 and over	13	8	61.0
Age not stated	344	295	85.7
Totals	558	488	87.4%

From this can be seen that we probably have an adult population highly susceptible to Diphtheria. Indeed, the experience has been throughout the province that among the cases of Diphtheria occurring that a high percentage of them are in adults. It is to be noted, however, that reports show that the case fatality rate has been higher in children having the disease.

The school children of Windsor, from grades I to XII inclusive, who had received toxoid a year ago, were Schick-tested again this Fall. Of the 579 children tested, 38 had positive Schick tests. Two of these 38 children had had two doses of diphtheria toxoid and three had had only one dose. From this we can see that three doses of Diphtheria Toxoid rendered 94% of this group of 579 children Schick Negative. A group of adults, 67 in number, were also re-schick tested after having received three doses of toxoid a year previous. These 67 were all Schick Negative.

Scarlet Fever:

There were 97 cases reported from this Division during the year. The disease occurred in several small outbreaks and also as fairly numerous scattered single cases. The disease was comparatively mild and difficulty was encountered in differentiating it from coincident measles, both Rubeola and Rubella.

We organized Scarlet Fever immunization clinics in two communities in Colchester County—Bass River and Debert.

At these clinics the greater part of the children (preschool and school) found to have positive Dick tests were immunized against Scarlet Fever. In all, 250 were immunized at these clinics.

We have good reason to believe that the number of reported cases of Scarlet Fever was far below the number that actually occurred. We are endeavoring to carry Scarlet Fever immunization of preschool and school children in those communities where the disease appears. This immunization has been shown to be an effective aid in controlling Scarlet Fever outbreaks.

Meningococcic Meningitis:

There were in all 39 cases reported during the year, occurring as scattered isolated cases. Chemotherapy in the treatment of this disease, together with the use of anti-meningococcus serum has given us an effective weapon with which to fight this infection.

Anterior Poliomyelitis:

Seven cases were reported from this Division, four cases occurring in one small isolated community. Two of the remaining cases occurred in children of the same family in another rural area.

Enteric Fever (Paratyphoid and Typhoid):

Two cases of Paratyphoid Fever were reported. One case contracted the infection outside this Division. The other case reported had had Paratyphoid Fever years previously and was shown to have paratyphoid organisms in her stools during a mild gastro-intestinal upset. At this time she was reported as a case. Her stools have shown negative results since the one positive result.

Four cases of Typhoid Fever occurred during the year, two of which are presumed to have contracted their infection at Eastern Passage, Halifax County. These two were treated at their homes in this Division and have shown complete recovery. Two cases occurred in Digby Municipality.

Great aid has been given us during the year in the matter of phage-typing strains of typhoid bacilli found in the stools and urine of typhoid patients and carriers. One of the two cases previously stated as having probably contracted his infection at Eastern Passage was found to be Type E, the other case has not yet been typed. Of the two cases occurring

in Digby, one was of the Beta type and the other Type E. On investigating the Digby cases, the case found to be of the Beta type had as a visitor to his household his mother-in-law, who had, previous to her son-in-law's illness, an ill-defined fairly severe gastro-intestinal condition during which she passed bloody stools. On investigating we found the mother-in-law to be a carrier of Type E typhoid bacilli in her stools. Consequently we are looking further for the source of the son-in-law's typhoid fever, as he is of the Beta type. The other Digby case, Type E, is also still under investigation with no source found as yet.

In the last Yearly Report I reported four cases of Typhoid Fever had occurred in this Division. We have found the probable source in three of these cases. One case, a child aged 4 years, had a grandmother who took care of her. This grandmother has finally been shown to be a chronic carrier of typhoid bacilli, Type F₁. The second case, a girl of 22, at the time of her illness was boarding at the home of a woman who had had typhoid fever years previous. The boarding mistress has had several stools specimens positive for typhoid bacilli of the Beta type. The third and fourth cases occurred in the same family. The husband came down with typhoid fever and then two weeks later his wife became ill with the same disease. The wife has cleared but the husband still shows repeated stool specimens, over a year since his illness, to be positive for typhoid bacilli, Type E₁, so we have labelled this man a chronic carrier. The source of his typhoid fever has never been definitely established.

We have at present three known established chronic carriers of Typhoid bacilli, all living in Digby town or Digby Municipality. They are in type as follows:

1. A male—aged 29 years—Type E₁
2. A female—aged 49 years—Type F₁
3. A female—(colored) aged 31 years—Beta type.

Of the four cases of Typhoid Fever occurring this year, all cases have had negative stool and urine specimens for some weeks since their recovery from their illness. The previously described "mother-in-law" is still running stool specimens positive for typhoid bacilli. She may be a potential chronic carrier. Further investigation will be needed before she is finally labelled as such.

Venereal Diseases:

There were reported 42 cases of Gonorrhea and 16 cases of Syphilis during the year. The majority of these were

reported from districts in close proximity to the two military camps in this Division. In my opinion these figures far underestimate the amount of Venereal Disease in this Division. I base this statement on information obtained from physicians in this Division. I, in turn, have urged them to report their cases in full so that a truer picture of the occurrence of venereal diseases may be obtained.

We have also had reported to us, by the military authorities, the probable sources of venereal disease occurring in the armed forces. Approximately 75 sources were named as infecting members of the armed forces during the year. The information obtained is passed on to the local medical health officer of the town or district where the offender resides. He in turn, endeavors to locate the person named as a source of venereal disease, and when she is located, to have her placed under treatment if found infected. About 65% of sources named resided or frequented towns or districts in close proximity to the two previously mentioned military camps. The Department of Health supplies drugs free to physicians for the treatment of those cases of venereal disease who are unable to pay full fees for treatment.

Smallpox Vaccination:

Much work was done in the early part of the school year, by our public health nurses, in organizing the vaccination of children against Smallpox. In all, approximately 1400 were vaccinated. An attempt is being made to ascertain what percentage of the school population is immunized against Diphtheria and Smallpox. This work was completed for one county of this Division but the other counties are not yet completely surveyed.

Reporting of Communicable Diseases:

I feel that the reporting of certain communicable diseases is fairly complete in this Division, e. g. Diphtheria, Anterior Poliomyelitis, Meningitis and Typhoid Fever. The reporting of other disease, e. g. Scarlet Fever, Venereal Diseases, Chickenpox, Measles, Mumps, Whooping Cough and Septic Sore-throat is quite incomplete. The physician attending a case of notifiable disease has a definite duty to perform in reporting this disease to the local board of health. The local medical health officer has a clearly defined duty in reporting regularly to the Department of the Public Health all those cases of notifiable disease reported to him. But the general public also have an obligation to report notifiable disease to the local board of health. It is the fault of the general public that we have so incomplete a picture of communicable disease such

as measles, mumps, whooping cough, chickenpox and scarlet fever. There is a definite attempt on the part of many persons to hide the fact that one of these diseases exists in their families, so that they "won't be quarantined." These diseases directly and indirectly kill many Canadian children every year. The public must be made to realize this through proper health education. Much is being done by government and other health agencies in this and other lines but more must be done and the work extended.

Water:

Each incorporated town previously listed, with the exception of Stewiacke and Berwick, has a municipal water supply. There are, in addition, six villages which own water supplies within this Division. This makes in all, 15 municipally owned water supplies. Two towns, Truro and Digby, have chlorinated water supplies and a third, Kentville, has a rapid sand filtration and chlorination plant. Samples of water are collected regularly from these various water supplies and sent in to the Provincial Laboratory for examination. The results of these examinations are shown in the report of our Sanitary Engineer, R. Donald McKay. During the year inspections of each water supply in the Division were carried out, in company with the Sanitary Engineer. These inspections included inspection of the main sources of supply, the watersheds, reservoirs and in the case of those towns treating their water, the equipment used in treatment.

Reports show that the three chlorination plants are in efficient operation. Windsor and Hantsport, using untreated water, have water supplies that are relatively uncontaminated. The remainder of the twelve unchlorinated municipal water supplies vary from moderate to severe contamination with coliform organisms. Two towns, Middleton and Bridgetown, and one village, Margaretsville, all in Annapolis County, each show from one-third to three-quarters of water samples taken, to be positive for coliform organisms.

It is to be noted that the only safe water supply used for drinking purposes, is a chlorinated one. The extension of the practice of chlorination of water supplies is a prime necessity if the public is to be protected against possible water-borne infection.

Milk:

No great changes have occurred during the year in the milk situation. There have been no known outbreaks of milk-borne disease. During the year several inspections were

carried out of all milk pasteurizing plants in this Division. In addition, other inspections were made in company with the Sanitary Engineer. Equipment and sanitary conditions in these plants were found to be satisfactory. Following is a table (Table III) showing the number of pasteurizing plants in certain towns in this Division. This table also shows an estimation of the percentage of the total milk consumed in each town, which is pasteurized.

Table III

Town	Number of Pasteurizing Plants	Estimated percentage of milk sold which is pasteurized.
Truro	6	65.0%
Windsor	1	75.0%
Wolfville	1	100.0%
Kentville	2	85.0%
Berwick	1	75.0%

These towns with a population of about 20,500 make up about 20% of the total population of this Division. Pasteurized milk is also sold in the vicinity of each of these towns outside the town limits, so that the use of pasteurized milk is slightly more extensive than is shown by the above estimation.

Truro is the only town which has a milk inspector. This inspector is a highly qualified veterinary surgeon who works on a part-time basis. Through his work milk-producers selling milk in Truro have generally a high sanitary rating. Dairies in Truro are also of a generally high order. The other towns in this Division have no regular qualified milk inspectors. This lack of properly qualified milk inspectors must be remedied if we are to eventually obtain a clean and safe milk supply. Two ways are open to us to obtain this ideal of regular inspection and teaching of milk producers and milk plant operators. One way would be for several towns to combine and jointly hire an inspector. The other way would be for the Department of Health to appoint trained inspectors sufficient to cover the field. This latter plan has many advantages over the first plan.

Another lack concerning milk is noted throughout this Division. In general, by-laws governing the production, handling and sale of milk are hopelessly inadequate and out-of-date. Some progress was made in overcoming this lack of proper milk by-laws during the year. At present three of the towns in this Division are working on revision of their milk by-laws.

The work done by the Federal Department of Agriculture in retuberculin testing cattle in this Province has shown very interesting and gratifying results. Testing of cattle in Colchester and Hants Counties is completed and shows much less than 0.5% of cattle to be positive reactors. This work is at present nearly completed in Kings County and shows similar results. After Kings County is completed Annapolis and Digby County cattle will be tested.

General Remarks:

During the year regular examinations were carried out on school teachers who are pensioned due to illness. This work was done at the request of the Department of Education.

I was privileged, during June, to attend the annual meeting of the Canadian Tuberculosis Association, held in Toronto. The meeting was very interesting and much information was gained. Especially in war-time, do I feel it is necessary to know what is being done in other sections of Canada in fighting the battle to conserve the public health. Through the medium of these national meetings is provided a means for pooling experiences and information, to the benefit of those whom we serve.

Several addresses were given during the year to Service Clubs, teachers institutes, town councils, etc. Through these addresses is provided a means for presenting public health problems to the community. I find eagerness on the part of the public generally to learn just what health problems we have and what means we have for solving them. I believe an extension of our public health program requires among other things, further public health education, to be done by organized bodies in a continuous program.

Tuberculosis:

Our tuberculosis work took up the greater part of the year and I believe will continue to do so under our present set-up. Our tuberculosis program follows several lines as given:

1. Tuberculosis case-finding clinics.
2. Tuberculosis surveys.
3. Other sources of information.

1. Tuberculosis clinics: These are held generally speaking, twice yearly throughout the Division, at centres of population. In towns having hospitals, the clinic is held in the hospital. The remainder of the clinics are held in towns and villages which have physicians living in them and

the clinic in this case is held in the Doctor's office or in a town hall. In all, clinics are held in 28 centres for 36 days. Usually four days a week are used out in the district examining and X-raying patients. The remainder of the week is spent at the Divisional headquarters dictating reports on those patients examined. Usually it takes $2\frac{1}{2}$ to 3 months to complete these regular clinics each Spring and Fall.

The cases examined include cases referred because of suspicious symptoms, contacts of active tuberculosis cases, patients with positive tuberculin reactions, cases of tuberculosis curing at home and old cases of tuberculosis formerly treated at Sanatoria. Wide use of the tuberculin patch test has been made. It enables us to tell in a practical way who needs and who does not need an X-ray.

A summary of cases examined show that 3983 patients were seen during the year. Many of these patients were seen two or more times so that 4546 total examinations were carried out. In making these 4546 examinations the following types of examinations were used:

- (a) X-ray films read 2062.
- (b) Fluoroscopic Examinations made 1131.
- (c) Tuberculin Tests 2471.
- (d) Physical Examinations 944.

Of the X-ray films read 1222 were taken on the portable X-ray unit provided by the Department of Health.

Of the 3983 patients seen during the year, 2891 were new cases who had not attended previous clinics and the remaining 1092 were old cases who had attended previous clinics.

A summary of diagnoses made in each group follows:

New Cases A summary of diagnoses made

Diagnosis	Number
Pulmonary Tuberculosis (Reinfection).....	114
Primary Tuberculosis.....	126
Non-pulmonary tuberculosis.....	13
Pleurisy with Effusion.....	5
Suspects.....	44
No tuberculous disease found.....	2584
Total.....	2896

New Cases

An analysis of new cases of tuberculosis found.

	Active No. %	Inactive No.
Pulmonary Tuberculosis		
Minimal.....	15 22.0%	26
Moderately advanced.....	35 51.4%	19
Far advanced.....	18 26.5%	1
	<hr/> 68	<hr/> 46
Primary Tuberculosis		
Parenchymal.....	0	7
Tracheo-bronchial.....	5	28
Combined.....	8	83
Non-Pulmonary Tuberculosis.....	2	11
	<hr/> 83	<hr/> 180

Summing up, of the 2891 new cases seen, 789 (23.8%) were contacts. There was discovered among the new cases 83 new cases of active tuberculosis and 180 cases of inactive tuberculosis.

Old Cases

A summary of diagnoses made.

	Active	Inactive
Pulmonary Tuberculosis.....	78	309
Non-pulmonary Tuberculosis.....	0	9
Suspects.....		12
No tuberculous disease found.....		684
	<hr/> 78	<hr/> 1014—1092

Of these 1092 old cases seen 360 (33%) were contacts.

2. Tuberculosis Surveys—Besides the regular tuberculosis clinics held twice yearly, we carry out each Fall a survey of students in the Provincial Normal College, the Agricultural College and the Indian Residential School at Shubenacadie. In addition, the high school students in seven towns were tuberculin-tested and the positive reactors X-rayed. This Fall there was carried out also a survey of Indians on Reserves in Kings County.

A summary follows, showing the results of the Tuberculin-testing in these various groups:

Group	No. tested	Tbn. No.	Positive %
Provincial Normal College			
1941 class.....	286	75	26.2%
1942 class.....	172	35	20.3
Agricultural College			
1941 class.....	56	24	43.0
1942 class.....	46	10	21.7
Indian Residential School.....	158	87	55.0
Highschool students.....	917	146	15.9
Teachers.....	119	47	40.0
Indians (Kings County).....	105	51	48.5
Totals.....	1859	475	25.5%

The results of X-raying the 475 individuals who showed a positive tuberculin reaction is shown in the following table:

Results of X-Raying Positive Tuberculin Reactors

Group	Negative	Calcification	Suspect T.B.	Pulmonary T.B.	
	No.	No.	No.	Active	Not Active
	No.	No.	No.	No.	No.
Normal College					
Class 1941....	60	15	0	0	0
Class 1942....	33	2	0	0	0
Agricultural College					
Class 1941....	17	6	0	1	0
Class 1942....	9	2	0	0	1
Indian Residential School	42	41	0	5	0
Highschool students....	94	45	4	1	0
Teachers.....	36	10	0	0	1
Indians (Kings County)	39	2	5	5	0
Totals	330(69.4%)	123(25.8%)	9(1.8%)	12(2.5%)	2

The result of part of these special surveys was published during the year in an article appearing in October, 1941, issue of "The Nova Scotia Medical Bulletin."

3. Other sources of informaion regarding tuberculosis cases: We have an arrangement whereby we get copies of all examinations of patients from this Division, who

are examined at the Nova Scotia Sanatorium. From these we learn of new cases and consequently are able to investigate and follow-up the contacts. We also get copies of all results of sputum examinations sent in from this Division. In this way we also find out an occasional new case for follow-up. In addition the physicians co-operate with us in a thorough fashion, reporting any new tuberculosis patients found. In all these ways, together with the results of our own regular clinics we have more or less complete records on nearly all tuberculosis cases, and their contacts, in this Division.

Voluntary Agencies

May I express appreciation for assistance given in our fight against Tuberculosis, by the Nova Scotia Tuberculosis Commission, the Colchester County Tuberculosis League and the Windsor Tuberculosis Commission. The Nova Scotia Tuberculosis Commission donates a fund of two hundred dollars annually to me, which is used to pay for X-ray films on those patients unable to pay for X-rays, whom we have X-rayed in hospitals throughout the Division, with the exception of Colchester County. The Colchester County Tuberculosis League pays for X-rays taken on those unable to pay for them, from Colchester County. It also helps pay the cost of Sanatorium care for many cases unable to pay themselves, during each year. The Colchester League also assists certain tuberculosis cases curing at home by providing them and their families with drugs, extra foods, clothing, etc. In some cases it pays the board and lodging of patients who cannot be cared for in their homes. Besides all this, they sponsored the Tuberculosis survey of Truro Highschool students and all Truro school teachers during the year, paying for the X-rays taken on positive reactors in the Colchester County Hospital.

The Windsor Tuberculosis League donates fifty dollars yearly for the X-ray of patients from Windsor who cannot pay even the reduced fee charged. They also assist in helping pay Sanatorium expenses on those patients from Windsor who are unable to pay their own way. They assist families of cases and also the cases themselves when they cure at home.

The work of these agencies is made possible by funds received from the sale of Christmas Seals. To these voluntary workers and to those who buy the Christmas Seals must go a great deal of credit for our winning Tuberculosis fight.

Sanitation

Several sanitary problems arose in this Division. The two main ones concerned certain conditions in Windsor and conditions in Debert Village.

The conditions in Windsor have been rectified by draining an old plaster pit. From this pit had arisen an overwhelming odor of Hydrogen Sulphide due to the chemical reaction between a stagnant pool of acid water and the draining into this pool of water from springs containing sulphides.

At Debert Village there arose a problem when thousands of civilian workers were employed in building the Debert Military Camp. There was no place to house the majority of the workers and consequently a large tar-paper shack colony arose. This colony had inadequate water supply and sewage disposal. It was found that to regulate the building of these temporary residences that it was necessary to formulate regulations regarding their construction and sanitary condition and facilities. This has been done and we look for an improvement in conditions during the coming year. Indeed, some improvement has already occurred.

I desire to convey to the Honourable Minister and yourself my sincere appreciation for your guidance and interest in regard to the work and its progress. At the close of my first full year with the 'Department' I feel that you supported me. I feel, too, that I am a member of an organization which is going ahead and in which there is a spirit of loyal co-operation among its members.

Finally I wish to express thanks to the nurses in this Division, the Superintendent of Nursing Service, the Sanitary Engineer, and Director of the Public Health Laboratory for their support during the year.

Respectfully submitted,

E. L. EAGLES, M.D., C.M., D.P.H.,

Divisional Medical Health Officer.

Windsor, N. S.,
November 30, 1941.

REPORT OF DIVISIONAL MEDICAL HEALTH OFFICER NORTHUMBERLAND DIVISION

To the Chief Health Officer:

I beg to submit my report for the fiscal year ending November 30th, 1941.

In general this has been a very satisfactory year. The organization of this new Division, which is less than a year and a half old, has proceeded fairly smoothly. The fundamental principals of public health practice are now in operation though their scope is very definitely limited because of the size of the territory and population to be served.

Looking back over the past year certain advances would seem to be worthy of note: 1. The initiating of routine tuberculin testing of all suspect and contact cases of tuberculosis. 2. The appointment of definite salaried medical staffs in both Tuberculosis Units. 3. Passage of milk legislation in Antigonish followed by the appointment of a milk inspector and the erection of a new, modern, pasteurization plant. 4. The installation of complete and modern chlorination plants in the towns of New Glasgow and Antigonish. 5. The further immunization of thousands of more children against diphtheria and the increased use of other biologicals for active immunization against whooping cough and scarlet fever.

Communicable Diseases

Chicken Pox: Eight cases reported.

Scarlet Fever: Seventy-seven cases reported. This represents only a small fraction of the number of cases that occurred. The incidence of this disease reached the proportions of a minor epidemic along the Northumberland Coast. Fortunately, the type of streptococcus involved was of low virulence and the great majority of cases were very mild. For this reason medical advice was seldom sought. Some patients, however, were extremely ill and the sequelae of the disease were noted in a number.

As a result of the occurrence of this mild epidemic impetus was given to active immunization against scarlet fever. Enough toxin was distributed to immunize 659 persons. The effectiveness of the immunity established, the infrequency of reactions and the ready acceptance on the part of the public should do much to encourage the use of this immunological agent.

There is still a feeling on the part of a few that immunization against scarlet fever is, on the whole, inadvisable because of the mild type of disease at present prevalent, the ease of treatment with the sulphonamides and the reactions following the administration of the toxin. It is true that the disease is at present mild but there is still a goodly number of severe cases and moreover at any time we may have a severe type introduced amongst our population. The chronic ear, kidney and heart sequelae are also worthy of consideration. The long isolation period, not to mention the quarantine of contacts, also represents in the aggregate a large period of lost time which we can ill afford during a period of war. The sulphinamide group has helped us greatly in treatment but we must bear in mind that its use is not without risk nor 100% effective, moreover the isolation period is not shortened. As to the reactions following the administration of scarlet fever toxin this may be practically eliminated by using the dosage methods recommended by Dick & Dick which is based on the local reaction following the Dick Test and the subsequent inoculations. Our own experience in immunizing 223 common school children in Pictou with only two mild general reactions bears this out.

Influenza: 95 cases reported. Actually there were a great many cases during the winter and early spring months. A not inconsiderable percentage went on to bronchopneumonia. This indicates a very real need for public education regarding the necessity of strict bed rest with influenza until complete recovery.

Measles: 369 cases reported. This represents a small percentage of the real number of cases. An indolent sub-acute bronchitis and in some cases bronchopneumonia were all too frequently the sequels. Unfortunately immune-serum or whole blood to modify or prevent the disease is being used in only a very few cases.

Whooping Cough: 24 cases reported. Enough vaccine to immunize 74 children was distributed. In view of the satisfactory results obtained by active immunization against whooping cough and high fatality rate amongst infants it is to be hoped that pertussis vaccine will be used more widely in the future.

German Measles: 71 cases reported.

Poliomyelitis: One case reported. We were singularly fortunate in escaping an epidemic of this disease which came to our very border.

Meningococcal Meningitis: Sixteen cases reported. For a while it looked as though we were going to have trouble with this disease but it gradually died out. Fortunately, the sulphonamides have greatly cut the fatality rate. The prevention and control of meningococcal meningitis in a civilian population leaves much to be desired.

Pneumonia: Twelve cases reported.

Venereal Disease: Eight cases of syphilis and four cases of gonorrhoea reported. As usual considerable trouble is experienced in following up these cases. A determined effort, however, is being made to bring all under treatment in view of their menace to the armed forces. An infected individual in wartime is an excellent, if unintentional, saboteur.

Paratyphoid: One case reported. Actually three occurred. One case was referred to the New Brunswick Department of Health as she apparently arrived in this province already infected. The second case was investigated thoroughly with negative results. In the third case the infection was traced to its source.

Septic Sore Throat: During May, 1941, a severe epidemic occurred in a University in this Division. Of a total population of some 300 adults about 70% were clinically ill. Seventy of those under medical treatment were classified as severe. Fortunately, complications were not too frequent. There were six cases of Otitis Media and one case of Erysipelas. No cases of Nephritis were noted although routine urinalyses were not carried out because of the lack of laboratory facilities. One patient, not a student, died with a streptococcal bronchopneumonia.

Epidemiological investigation revealed the source of the infection to be a cow with streptococcal mastitis. This in turn was caused by a milker with a whitlow. Bacteriological examination of the cow's milk and swabs from the throats of patients carried out at the Provincial Laboratory and the Laboratory of Hygiene at Ottawa confirmed the above evidence. It is interesting to note that there was a minor concurrent epidemic of diphtheria in the Institution at the time which led to some confusion at first.

Diphtheria: 35 cases reported. The excellent work started by the physicians in this Division to control the diphtheria epidemic has been continued on a scale which is as gratifying as it is unexpected. One uses the term "unexpected" because it is difficult to conceive, in many cases, how the local doctors doubly burdened with an increased population

and a 20% decrease in their own number could find time to carry out such an intensive immunizing campaign. Indeed, the whole program would have been impossible without the enthusiastic aid of teachers, school nurses, V. O. Nurses, woman's groups and our own Public Health Nurses.

The diphtheria toxoid campaign in this Division started during the fall of 1940. The more accessible districts were immunized before the New Year. In the more remote sections because of the severe winter and the relative shortage of doctors the completion of immunization was deferred until the spring and even the summer months. From the onset of the epidemic the following biologicals have been distributed by the Department of Health in this Division:

Ordinary Toxoid—26,174 c. c., enough to immunize about 13,087 children.

Dilute Toxoid—183 c. c., enough to immunize about 46 adults.

This, of course, does not include toxoid purchased by physicians from drug stores. This, especially in the early days of the outbreak, amounted to a not inconsiderable quantity.

Diphtheria immunization records cards as issued by the Department of Public Health were used by many of the physicians. The majority of these were returned and an analysis made of the data they contained.

**ANALYSIS OF PATIENTS IMMUNIZED AGAINST DIPHTHERIA ACCORDING TO
AGE AND NUMBER OF DOSES OF TOXOID RECEIVED**

Age	One Dose Toxoid	Two Doses Toxoid	Three Doses Toxoid	Total	Percentage
Under 1	15	15	101	131	1.35%
1-4	83	88	1234	1405	14.4
5-9	99	123	2923	3145	32.3
10-14	72	170	2824	3066	31.5
15-19	18	31	841	890	9.14
20-39	11	10	144	165	1.70
40 & over	3	1	58	62	.637
Not Stated	15	31	827	873	8.97
Total	316	469	8952	9737	100%

A study of the above table is rather interesting. On the basis of the amount of toxoid distributed together with the toxoid purchased privately by the doctors balanced against a certain amount of wastage I think we may safely assume that these statistics can be considered significant as they represent about 70 to 80% of those partially or completely immunized. Certain possible sources of error, however, should be recognized. As the cards were used principally in school clinics the record of adult immunization is considerably lower than the actual figure. Also many of those in the unstated age group are probably adults because of the prejudice against asking older people, particularly women, their ages.

Briefly drawing a few observations from this table it is noted that the 5-14 years group constitutes about 64% of those immunized. This is to be expected as most of the clinics were held in the common schools. Those of four years of age and under make up 16% of the total. This, while not as complete as one would desire nevertheless shows that at least some of the parents realize the importance of bringing in their younger children. In view of the lack of immunity amongst adults in Nova Scotia as shown by other studies in the province one would have been pleased to see more immunizing among the 20 to 39 years group.

Consideration of the percentages of those not completing their immunization under the various age groups is also rather illuminating. Three percent of the total immunized had only one dose and 5% had two doses. Considering the more or less emergency set-up of the clinics and the difficulty of travel, weather, etc., these figures are really not too bad. On the other hand, one is rather disappointed that the highest percentage of those failing to complete immunization (22%) is amongst the under one year of age group. Again, under the one to four year group 12% defaulted. The young adult group (20-39) ranked second highest amongst the defaulters with 13%. The school aged children and, surprisingly, the older adults were very faithful in completing their course of inoculations.

Tuberculosis

Clinic Service: Regular diagnostic clinics were held in the Spring and Fall of this year. Four additional new clinic centres were opened with a view to reaching a larger portion of the public. In all there are now nineteen towns

or villages where sixteen semi-annual and three annual tuberculosis clinics are held. These vary from one-half to three days in duration and aggregate about fifty-five clinic days per year. In addition there are numerous calls between clinics to see one or more suspect or known cases of tuberculosis regarding whom an opinion is desired by the family physician.

Prior to the Spring Clinic this year a determined effort was made by the departmental nurses to bring in all the old cases on our files. The resulting clinic attendance was large but the results justified the time spent as we now have a more accurate picture of the status of these old patients many of whom had not attended the clinic for ten or more years.

During the summer months after careful study and consideration it was decided to put the whole diagnostic program on a more logical and efficient basis by instituting routine tuberculin testing of all tuberculosis suspects and contacts. Our results to date have been most satisfactory. In the first place the presence of a positive reaction to the Vollmer Patch Test, which is applied by the Public Health Nurse, has served to convince many of the need for further examination who previously had resisted all attempts to bring them in to the clinic. Secondly, we have eliminated many unnecessary and expensive X-rays on uninfected persons. Indeed, we have dropped some old cases who had been attending our clinics for years. Thirdly, the efficiency and simplicity of the test has impressed many general practitioners who now are using it widely in their own practices thus helping in the general tuberculosis program.

The various Tuberculosis Seal Sale Committees in towns where there are hospitals with X-ray equipment have been very generous in response to our call for financial aid in meeting the expense of X-rays which has considerably increased because of the much larger number of contacts who are now being brought in for examination. The Nova Scotia Tuberculosis Commission also continued its grant of \$200 to this Division to aid in meeting X-ray expenses. The value of the preventative work done by this voluntary agency can hardly be overestimated.

Table I**“Total Tb. Examinations According to Type”**

Physical Examinations.....	1066
X-ray Examinations.....	1503
Fluoroscopic Examinations.....	568
Tuberculin Tests.....	2496
Total Examinations.....	5633

Table II**All New Patients Attending Clinic Analysed****According to Diagnosis**

Classification	Active		Inactive	Totals
	Bacillary	Non Bacillary		
Minimal	5	4	40	49
Mod. Advanced	19	7	26	52
Far Advanced	46	1	5	52
Primary		1	67	68
Totals	70	13	138	221
Pleurisy with Effusion		1	8	9
Suspects				68
Non Tuberculous				1097
Totals				1395

Much can be learned regarding the tuberculosis problem and the progress being made to solve it by a study of the statistics on new contacts attending clinics. From Table II we can estimate that 21% of all new cases examined were classified as tuberculous or suspect; 10.9% had reinfection or adult type tuberculosis. Of the latter group 32% were minimal and the remainder equally divided between moderately

and far advanced. 47% of the reinfection cases had a positive sputum. This last figure should of course be greatly increased as ten cases actually did not send in their sputum to be examined and in only a few instances was the sputum concentrated and cultured.

The above would indicate that we are dealing with a population in which there is a considerable amount of tuberculosis and in which preventative services have been inadequate. In other areas of the province where more or less adequate diagnostic clinics have longer been established the relative incidence of advanced and open cases is definitely lower.

It is of particular interest to examine the statistics on new cases who are contacts in view of the constant reiteration of their epidemiological importance.

Table III

New Patients with a History of Contact Attending Clinic

Analysed According to Diagnosis

Classification	Active		Totals	Per-centage
	Bacill-ary	Non Bacillary		
Minimal	3	2	24	29
Mod. Advanced	13	4	17	34
Far Advanced	28	0	0	28
Primary			43	43
Suspects			42	42
Non Tbc.			580	580
Totals			756	756

It is impossible not to be struck by the high incidence of tuberculosis amongst these patients (12%). When the primary or suspect cases are added 23% or nearly one-quarter have sufficient pathology in their lungs to class them as definitely

abnormal from a tuberculosis viewpoint. This surely is ample justification for our tuberculin testing and clinical follow-up on family contacts.

Tuberculosis Surveys: During the past year high school students in Parrsboro and Pictou were tuberculin tested and the positive reactors X-rayed. Many of the teachers also voluntarily availed themselves of this opportunity for examination.

Under the supervision of Dr. T. B. Murphy of Antigonish a tuberculosis survey was carried out at St. Francis Xavier University. New students and staff members and those with a negative tuberculin reaction the previous year were "patch tested" and the positives X-rayed. Those having a positive reaction from the previous year were immediately X-rayed.

It is felt that while the incidence of tuberculosis is relatively low amongst high school students yet the educational fact aside from the small number of new cases discovered renders the program worthwhile. In Universities, of course, there is in addition a sufficiently high incidence of tuberculosis to make annual surveys desirable.

Supervision of Tuberculosis Units: During the past year the organization and efficiency of the two Units in this Division were greatly augmented by the appointment of definite salaried, part time, medical staffs. Dr. Drury received the appointment at the Highland View Unit and Drs. Carroll and Murphy at St. Martha's. The salaries are paid jointly and equally by the local Hospitals concerned and the Department of Public Health and cover the medical treatment of all patients.

Highland View Tb. Unit

Statistics For Fiscal Year Dec. 1, 1940 to Nov. 30, 1941

	Male	Female	Total
Admissions.....	7	11	18
Readmissions.....	2	2	4
Discharges.....	9	7	16
Deaths.....	2	3	5
Diagnosis on Admission (New Cases):			
Minimal.....	5		
Mod. Advanced.....	3		
Far Advanced.....	9		
Suspected Tb.....	1		

Condition on Discharge:		Total
Arrested	2	
Apparently Arrested.....		
Quiescent.....		
Active:		
Improved.....	3	
Unimproved.....	11	
Dead.....	5	
No. of pneumothorax operations:		
“in” patients.....	24	
“out” patients.....	42	66
No. of phrenic interruptions.....	1	
No. of patients transferred to the Nova Scotia Sanatorium for:		
Thoracoplasty.....		
Pneumonolysis.....		
Observation		

A. R. HILLCOAT,

Signed.

Comparing the statistics of this year with last it is to be noted there is a very definite reduction in the number of admissions and re-admissions and discharges. A higher percentage of early cases was admitted and more than three times as many pneumothorax operations were carried out. This all indicated that more open cases are being kept on in isolation, more collapse therapy is used and more cases are being discovered and placed under treatment at an earlier date and more hopeful stage of the disease.

St. Martha's Tb. Unit

Statistics for Fiscal Year December 1, 1940 to November 30, 1941

	Male	Female	Total
Admissions.....	21	36	57
Readmissions.....	6	8	14
Discharges.....	22	45	67
Deaths.....	8	16	24

Diagnosis on Admission (New Cases):

Minimal.....	5
Mod. Advanced.....	10
Far Advanced.....	39
Suspected Tb.....	3

Condition on Discharge:

Arrested..... 6
Apparently Arrested6
Quiescent. 9

Active:

Improved..... 8
Unimproved.....14
Dead.....24

No. of pneumothorax operations:

“in” patients..... 338
“out” patients..... 58

No. of phrenic interruptions 3

No. of patients transferred to the Nova Scotia Sanatorium for:

Thoracoplasty.....
Pneumonolysis..... 3
Observation.....

SISTER MARIA OF P. H.,

Signed.

During the early summer months ten additional beds were added to this Institution bringing the total bed capacity to sixty-two. Comparing the above statistics with those of the preceding year this increased accommodation is reflected in a larger number of admissions and re-admissions with no alteration in the number of discharges. As in the case of the Highland View Unit there is a very definite increase in the number of early cases brought under treatment and a marked increase in the use of pneumothorax.

It is to be greatly regretted that a large percentage of advanced cases with positive sputa cannot be persuaded to undergo isolation and treatment in our Units. In every instance when referring cases to our Sanatoria first choice is always given to the bacillary patient. During the past year alone seventy new open and active cases of tuberculosis were discovered. More than enough of the other new active cases would be bacillary on further examination to give a total number of open cases sufficient to fill every bed in our Division. We are thus presented with a very undesirable paradox of having not enough beds in our Units to take care of even one year's new open cases and yet beds vacant throughout the major part of the year.

Milk

There has been a very definite improvement in the milk situation over the past year. Following a rather severe epide-

mic of septic sore throat at St. Francis Xavier University the authorities at that Institution stated that in future nothing would be used but pasteurized milk. It might be added that their herd, barns and equipment are amongst the finest in the County. As this was considered a good opportunity to have legislation, inspection and a pasteurizing plant started the local Board of Health, St. Martha's Hospital, Mount St. Bernard College, the Antigonish Dairymen's Association and others were approached and consulted. The net result was that very complete milk legislation was passed and an Inspector, Mr. W. S. Archibald, appointed. The Antigonish Dairy then started construction of a new pasteurizing plant with all modern equipment. Both colleges in the Town and St. Martha's Hospital undertook to buy nothing but pasteurized milk. Another pasteurizing plant in South River, Antigonish County, is also remodelling the building and installing new equipment to meet the regulations.

In Pictou County a scheme for County wide milk legislation and inspection is under consideration. Meetings have been held with Town Councils and Councillor representatives of all five incorporated towns and the county. Up to date the response has been enthusiastic. It is to be hoped that the early new year will see this very desirable plan finalized.

Water

A very marked improvement has also taken place in the water situation in this Division. New Glasgow, whose water supply has been condemned on numerous occasions by Federal, Provincial and Town Authorities, this year installed a vacuum solution-feed, automatic, gas chlorinator.

The Town of Antigonish, whose progressive council had done very much in remedying the milk situation, continued on with their good work and at the recommendation of the Department of Health undertook to chlorinate their water. One type A.S.V-M. Chlorinator complete for the gravity supply and one type H. E. M. Hypochlorinator for the emergency fire supply have been ordered. A building is also being erected to house the gravity supply equipment.

The water supply of the Towns of Pictou and Westville were also examined at some length and suggested improvements at the former are being carried out. In the case of the latter town, recommendations are still under consideration.

The general water situation throughout this Division still leaves much to be desired. Only three towns out of ten had what might be considered a safe water supply by lenient stan-

dards during the past year. Of these three, one was a chlorinated supply. Two of the worst offenders have either started chlorination or are about to install equipment. This still leaves 50% of the Towns with unsafe water. It might be added that the year preceding 100% of the Towns showed E. Coli in their water supply in such quantities as to condemn them.

There is a tendency on the part of the public to more or less disregard rural water supplies as long as the water itself is reasonably clear and cold. It is interesting to note that of nineteen wells, springs, etc. examined fourteen or 74% were condemned.

General Remarks

During the year a number of teachers receiving or applying for pension were examined.

I was privileged to attend the Canadian Tuberculosis Association Meeting in Toronto during June of this year. Much useful information was obtained some of which has since been put into practice in my own work. Listening to the exchange of ideas amongst outstanding authorities on tuberculosis must, of necessity, be of great benefit especially when time and distance prevent us from meeting with any degree of frequency amongst ourselves.

I should like to express my appreciation for help given to my staff and myself by the Municipal Authorities, local Health Officers and physicians, without whose support the least of our efforts would be to no avail.

To yourself, Sir, the Honorable Minister and other members of the Department, particularly in this Division, I should like to express my thanks and appreciation for your continued help and guidance during the past year.

Respectfully submitted,

G. GRAHAM SIMMS, M.D., D.P.H.,

Divisional Medical Health Officer.

Pictou, N. S.,
November 30th, 1941.

REPORT OF DIRECTOR OF PUBLIC HEALTH LABORATORY

To the Chief Health Officer:

During the fiscal year ending November 30th, 1941, a total of 193,424 examinations were made and reported upon by the staff of the Public Health Laboratory. This is an increase of 93,401 specimens, or 93.4% above the work carried out by the staff during the preceding year, and represents the impact upon our laboratory services of conditions which in many respects were abnormal. The greatly increased incidence of diphtheria and meningococcal meningitis is reflected in the tabulations which follow, as are also the rapidly expanding demands of the armed services for laboratory facilities. The urgency of this increasing demand for laboratory services will be realized by close attention to the figures set out in the following table covering the Public Health Laboratory activities during the last six years:

1936—number of specimens examined.....	44,892
1937—number of specimens examined.....	51,720
1938—number of specimens examined.....	65,417
1939—number of specimens examined.....	78,859
1940—number of specimens examined.....	100,023
1941—number of specimens examined.....	193,424

The specimens have been classified under the following headings:

Venereal Disease

Kahn tests for syphilis	
Positive.....	1810
Negative.....	23824
Doubtful.....	312
Unsatisfactory.....	1120

Eagle tests for syphilis	
Positive.....	2999
Negative.....	22722
Doubtful.....	143

Hinton tests for syphilis	
Positive.....	1664
Negative.....	2009
Doubtful.....	70

Darkfield Examinations	
Positive.....	75
Negative.....	113
Unsatisfactory.....	31

Smears of pus for Gonococci	
Positive.....	8496
Negative.....	11657
Unsatisfactory.....	127

Tuberculosis

Sputum for Tubercle bacilli	
Positive.....	1871
Negative.....	6960
Unsatisfactory.....	81

Concentration Tests	
Positive.....	158
Negative.....	227

Urine for Tubercle bacilli	
Positive.....	23
Negative.....	436

Pleural fluid, pus, etc.	
Positive.....	32
Negative.....	240

Cultures for Tubercle bacilli	
Positive.....	19
Negative.....	98
Contaminated.....	23

Spinal Fluids

Routine examinations.....	1247
Colloidal curve.....	832
Kahn test	
Positive.....	75
Negative.....	681

Enteric and Undulant Fevers

Blood agglutination tests

B. typhosus	Positive.....	29
	Negative.....	347

B. paratyphosus A.	Positive.....	0
	Negative.....	377
B. paratyphosus B.	Positive.....	22
	Negative.....	356
Br. abortus	Positive.....	10
	Negative.....	478
Br. melitensis	Positive.....	9
	Negative.....	327
B. proteus X. 19	Positive.....	0
	Negative.....	370
Cows bloods for Bang's disease		
	Positive.....	53
	Negative.....	454
Faeces for B. typhosus, etc.		
	Positive.....	135
	Negative.....	921
Urine for B. typhosus, etc.		
	Positive.....	41
	Negative.....	421
Blood cultures for B. typhosus, etc.		
	Positive.....	16
	Negative.....	266
Phage typing of B. typhosus.....		27

Throat and Nasal Cultures

B. diphtheriae	Positive.....	8461
	Negative.....	52035
Virulence tests		
	Positive.....	186
	Negative.....	78
Streptococcus haemolyticus		
	Positive.....	5088
	Negative.....	8834
	Strains typed	54

Borrelia vincenti		
	Positive.....	217
Unsatisfactory.....		94
Naso-pharyngeal swabs for Meningococcus		
	Positive.....	86
	Negative.....	491

Heterophile Antibody Agglutinations

Positive.....	10
Negative.....	18

Water

Standard Plate Count.....	3826
Coliform examinations.....	4940
Chemical examinations.....	1736
Special examinations.....	185

Milk and Dairy Products

Standard Plate Count.....	6667
Coliform examinations.....	2186
Phosphatase tests.....	1990
Butterfat.....	916
Special examinations.....	130

Miscellaneous	362
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Total Number of Specimens Examined..... 193,424

There has been a marked increase in venereal disease examinations; throat, nasal, and naso-pharyngeal cultures, spinal fluid, milk and water examinations; anti-tuberculosis activities show a slight increase, and a slight decrease in tests directed towards the control of Typhoid fever. When the various examinations have been grouped in this manner it has been found that those directed towards the control of:

(a) venereal disease accounted for.....	39.9%
(b) diphtheria and scarlet fever accounted for.....	38.8%
(c) milk and dairy products accounted for.....	6.7%
(d) water accounted for.....	5.6%
(e) tuberculosis accounted for.....	5.4%
(f) enteric and undulant fevers accounted for.....	2.4%
(g) meningitis accounted for.....	1.1%
(h) unclassified accounted for.....	0.1%

It was anticipated at the beginning of the year under review that a greatly increased demand for diagnostic outfits and containers would have to be met. The actual demand greatly exceeded the numbers anticipated and it was difficult at times to replenish supplies of glassware and mailing cartons, the manufacture of which had been placed under priority control. It was possible at all times to supply the number required, but reserves were often uncomfortably low. A total of 139,964 diagnostic outfits were distributed as compared with 65,794 during the preceding year; of the total 94,029 were supplied for civilian uses and 45,935 for the armed services. The number actually used by the services was considerably greater as some units were supplied in part by Divisional Medical Health Officers in localities other than the Halifax and Debert areas. The following table shows the number and types of outfits distributed:

(1)	Throat and nasal swabs.....	64,825
(2)	Vials for blood (Kahn).....	27,066
(3)	Glass slides for Gonococci.....	21,849
(4)	Vials for Sputum.....	12,384
(5)	Containers for water or milk.....	10,264
(6)	Containers for faeces and urine.....	2,298
(7)	Naso-pharyngeal swabs.....	578
(8)	Outfits for darkfield examinations.....	461
(9)	Outfits for blood culture.....	175
(10)	Outfits for culture of gonococci.....	64
Total number of outfits.....		139,964

Since the outbreak of hostilities, the Department of Public Health has provided the Federal Department of National Defence with a complete laboratory service for the control of communicable diseases. This service has been extended to include all units of the Royal Navy, Royal Norwegian Navy, Royal Netherlands Navy, and units under the control of the Free French forces, all of which have promptly made use of these facilities when in Nova Scotian ports. This has resulted in a great deal of additional work as a very large number of specimens may come unexpectedly at irregular hours and due to the uncertainty and secrecy of operations, the results of such examinations must be reported at the earliest possible moment. An accurate summary of such work was not kept, but approximately 80,000 specimens should be placed in this category during the past year. Messages of appreciation have been addressed to the laboratory by the commanders and captains of many of the units concerned. We are happy to have been of some assistance and hope to continue the close relationship with our armed forces and those of our allies.

In reviewing the laboratory activities of the year certain trends should be noted. There has been a marked increase in specimens directed towards the control of syphilis and gonorrhoea. There has, however, been a sharp decrease in the percentage of positive sera in the case of syphilis which implies a greater tendency towards the practice of routine testing of hospital admissions rather than an increased incidence of the disease. The very high percentage of positives in the examination of pus for gonococci is due mainly to the frequent examination of patients in an endeavour to check the effectiveness of various drugs of the sulphanilamide group; and in part to an increase in the incidence of gonorrhoea. Darkfield examinations for *Treponema pallidum* has been employed with marked success by the medical officers of the armed forces, but it is unfortunate that this convenient means of early diagnosis is rarely used by civilian medical men except in the rare instances where the physician undertakes to do his own darkfield examinations.

The great increase in throat and nasal culture is due partly to the outbreak of diphtheria centering about Halifax and to a considerable extent to closer attention to streptococcic infections of the throat. The first extensive milk borne outbreak of septic sore throat to occur in this province was reported and studied during the year. Several strains of haemolytic streptococci isolated in that outbreak were typed and it was found that those from the three infected quarters of the udder of the cow concerned and from the throats of some of the patients belonged to type 8, while strains from other patients were type 3. Strains isolated from local outbreaks of scarlet fever showed in some cases a single type, while in others two or more types were encountered. Despite the lack of uniformity of type encountered this year, the procedure is of considerable epidemiological significance.

Anti-tuberculosis activities were essentially the same as last year. The smaller number of urines found to contain Tubercle bacilli corroborates the statements of clinicians that renal tuberculosis is following the trend in recent years of tuberculosis of glands and bone. The use of concentration techniques in the examination of sputum is being requested in rapidly increasing numbers, and many patients with active disease formerly considered as closed cases are now known to be excreting tubercle bacilli. The procedure is time consuming and demands considerable technical skill, but the great increase in sensitivity more than compensates for the added labor and cost, and its increasing use should be encouraged.

Considerable work was done in an effort to control the spread of meningococcic meningitis. Nasopharyngeal swabs to

the number of 577 were cultured, of which 14.9% yielded cultures of Meningococci. Through the kindness of Prof. J. Howard Mueller of the Dept. of Bacteriology of Harvard Medical School, a relatively simple and easily duplicated culture medium that he had developed was made available and used with conspicuous success. For positive identification, characteristic colonies from all culture plates were agglutinated against polyvalent meningococcal anti serum, using as two controls, a saline suspension and normal horse serum. A few (10 or 12) strains were typed, some from spinal fluids, others from nasopharyngeal cultures, all spinal fluid isolations and the majority of throat cultures were found to be type 1 ("epidemic" type.) In view of the uncertainty surrounding the epidemiology of meningococcic infections, the question arises if such studies, interesting as they certainly are, contribute enough towards the practical control of meningitis to warrant its routine use in our laboratory services. Several cases were encountered during the year which showed typical clinical and laboratory pictures of virus diseases of the central nervous system, such as lymphocytic choriomeningitis and the various types of encephalomyelitis. A positive diagnosis could not be made as no facilities for virus isolation or virus neutralization tests were available. Such diseases are of great economic and public health significance in the United States and in Central Canada. It is highly probable that they constitute a growing menace to the public health of this province.

In the control of enteric fevers the only new work undertaken was the routine phage typing of strains of *B. typhosus* from carriers and cases of typhoid fever. This provides information of great epidemiological value to field workers. During the year some new carriers were definitely identified and at the close of the year four new suspects were under observation but several months must elapse before they can be considered chronic carriers. In the related fields of milk and water sanitation, the volume of work increased by about 20%. During 1940 some dissatisfaction was felt regarding the efficiency of certain chlorination plants in the province due to the presence of coliform organisms in the treated water. In the present year such organisms obtained from chlorinated water were typed with these findings:

<i>Aerobacter aerogenes</i>	66%
Intermediate soil forms.....	9%
<i>Escherichia coli</i> or <i>communior</i>	25%

In only two instances were spore bearing bacilli found which gave the characteristics of the partially confirmed coliform test.

Several changes in the staff of the laboratory took place during the year; six resignations and twelve new appointments being noted among the technicians and stenographic staff. The shortage of thoroughly trained technicians is acute; and the effort to train relatively inexperienced workers to take over the duties of those senior technicians who resigned was not the least of the several responsibilities and trying experiences of the director during the year. It is perhaps only during such a year that one truly realizes the kindness and assistance of ones friends and confreres. It is with grateful and sincere thanks that I acknowledge the kindness and material assistance furnished by Dr. J. Howard Mueller of the Dept. of Bacteriology of Harvard University; by Dr. G. D. W. Cameron, Chief of the Laboratory of Hygiene, Ottawa, and his assistants Mr. Gibbard and Dr. Bynoe; and by Dr. James Craigie, School of Hygiene, University of Toronto. Without the suggestions and help of these gentlemen a considerable amount of the work would have been impossible. To the Honorable the Minister of Health and yourself Sir, I wish to convey my sincere appreciation for your guidance and constant endeavour to provide facilities to relieve the burden and pressure of the acute conditions which prevailed during the entire year, and to every member of my overworked but uncomplaining staff—my sincere gratitude and thanks for their loyal support; theirs was a very real contribution to our war effort.

Respectfully submitted,

D. J. MacKENZIE, M.D.,

Director of Laboratories.

Halifax, N. S.
November 30th, 1941.

REPORT OF PROVINCIAL PATHOLOGIST

To the Chief Health Officer:

Report on TISSUES sectioned and examined at the Provincial Pathological Laboratory, from December 1, 1940 to November 30, 1941.

Compiled by Ralph P. Smith, M.D., D.P.H. Director.

During the twelve month period, 3019 specimens of tissues were received, examined and the findings reported.

They have been classified as follows:

Tumours, simple.....	360
Tumours, malignant.....	383
Tumors, suspicious of malignancy.....	16
Other Conditions.....	1950
Tissues from 83 Autopsies.....	310
	<hr/> 3019

The monthly average for the year was 251.6.

The work done for the Forces has been considerable, and includes tissues sent from the following hospitals:

Halifax Military Hospital
 Sydney Military Hospital
 Debert Military Hospital
 New Glasgow Military Hospital
 Camp Hill Hospital
 Sick Bay (Naval)
 R. C. A. F. Depots.

Merchant Seaman Service of the Halifax Infirmary.

Approximately 250 tissue specimens have been received, and examined, from these Military, Naval and Air-Force centres.

Report of specimens from the Army, Navy and Air-force examined by the Pathological Laboratory from December 1, 1940, to November 30, 1941. A total of 3090 additional specimens were examined.

These are classified as follows:--

Army	398
Bacteriology	90
Fluid, knee.....	4
Fluid, pleural.....	6
Fluid, miscellaneous.....	6
Pus.....	3
Sputum, culture.....	26
Sputum, pneumo-typing.....	5
Swabs, Ear.....	4
Swabs, Eye.....	1
Swabs, from other sites.....	18
Swabs, Nasal (for eosinophiles).....	2
Vaccines (autogenous).....	15
Blood	259
Bilirubin, Icterus Index.....	16
Bilirubin, Fouchet's.....	16
Bilirubin, van den Bergh.....	7

Counts, Films, Differentials.....	14	
Counts, Films, Malaria.....	2	
Counts, Reticulocytes.....	1	
Culture.....	10	
Creatinine.....	13	
Grouping.....	75	
Heterophile Antibody.....	1	
Non-protein-nitrogen.....	25	
Sulphathiazole.....	5	
Sugar.....	35	
Sugar Tolerance.....	13	
Uric Acid.....	26	
Faeces		31
Blood.....	21	
Parasites and Ova.....	10	
Urine		17
Bile.....	1	
Blood.....	1	
Culture.....	7	
Routine.....	7	
Uric Acid.....	1	
Miscellaneous, Tablets, Sulph.		1
Air-Force		693
Bacteriology		12
Fluid, Knee.....	2	
Fluid, others.....	1	
Pus.....	2	
Sputum, general examination.....	2	
Swabs, Ear.....	1	
Swabs, Eye.....	1	
Swabs, Miscellaneous.....	2	
Vaccines (autogenous).....	1	
Blood		670
Bleeding Time.....	1	
Counts, Full Blood Picture.....	3	
Counts, Haemoglobin.....	2	
Counts, Red Cell Count.....	3	
Counts, Films.....	4	
Counts, Reticulocyte.....	1	
Counts, Platelet.....	3	
Culture.....	1	
Grouping.....	617	
Sedimentation Rate.....	19	
Sulphathiazole.....	13	
Sugar.....	3	
Faeces		6
Occult Blood.....	3	
Parasites and Ova.....	3	

Urines	5
British Navy	1230
Blood Groupings.....	899
Schick Tests.....	280
Other Examinations.....	51
Canadian Navy	142
Bacteriology	24
Cotton Swab (sterility).....	1
Fluid, knee.....	2
Fluid, pleural.....	1
Fluid, from other sites.....	2
Pus.....	3
Sputum.....	1
Swabs, Ear.....	6
Swabs, Eye.....	2
Swabs, from various sites.....	6
Blood	89
Bilirubin, Icterus Index.....	11
Bilirubin, Fouchet's.....	11
Bilirubin, van den Bergh.....	6
Calcium.....	2
Culture.....	3
Counts, Full Blood Picture.....	2
Counts, Films.....	5
Groupings.....	37
Non-protein Nitrogen.....	6
Phosphorus.....	2
Sedimentation Rate.....	2
Sugar.....	2
Faeces	18
Occult Blood.....	2
Parasites and Ova.....	16
Urines	11
Cultures.....	1
Routine.....	10
Camp Hill Hospital	52
Bacteriology	2
Sputum.....	1
Vaccine.....	1
Blood	47
Creatinine.....	8
Non-protein nitrogen.....	19
Sugar.....	9
Sulphathiazole.....	1
Uric acid.....	10
Urines	3
Cultures.....	3
Red Cross Donor Service	575
Blood Cultures.....	501
Blood Groupings.....	74

Report of the Pathological Department of the Victoria General Hospital for the year ending November 30, 1941.

During the year the number of specimens received and reported upon were 18,001. They have been classified as follows:—

Bacteriology	1514
Blood Cultures.....	616
Blood, Kahn.....	1
Exudates and Transudates —general exam. and culture	
Fluid, knee.....	21
Fluid, peritoneal.....	11
Fluid, pleural.....	55
Fluid, from other sites.....	23
Pus from various sites.....	94
Faeces	
Culture.....	3
Swabs —general examination and culture	
Ear.....	45
Eye.....	163
Nasal for eosinophiles.....	4
Pus from various sites.....	138
Throat.....	9
Sputa	
Elastic fibres.....	11
General exam. and culture.....	125
Pneumococcus typing.....	14
Cough plate for B. pertussis.....	1
Smears	
Urethral and cervical.....	24
Urine	
Cultures.....	51
Vaccines (autogenous).....	44
Miscellaneous	
Cat for rabies.....	1
Cotton swab.....	1
Cultures for Gas gangrene orgs.....	6
Cultures for the Ray fungus (actinomycosis).....	4
Culture of House Dust and other extracts.....	14

Hair and skin ringworm and other fungi.....	5
Smears, vaginal, for trichomonas vaginalis.....	1
Water and Saline from O. R.....	29

Blood	10,018
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Bilirubin, Icterus Index.....	151
Fouchet's test.....	151
van den Bergh.....	55
Bleeding Time.....	6
Bromosulphophthalein Test.....	1
Calcium.....	19
Chlorides.....	13
Cholesterol.....	7
Clot Retraction Time.....	7
Compatibility.....	463
Coagulation Time.....	3
Count, Full Blood Picture.....	339
Counts, Haemoglobin.....	19
White Cell Count.....	24
Red Cell Count.....	15
Platelet Count.....	33
Reticulocyte Count.....	47
Films, Diff. Schilling.....	395
Creatinine.....	1204
Fragility Test.....	3
Groupings.....	2580
Heterophile Antibody reaction for Infectious Mononucleosis.....	2
Non-protein Nitrogen.....	1342
Phosphorus.....	5
Phosphatase Activity.....	2
Potassium.....	4
Prothrombin Time.....	10
Sedimentation Rate.....	231
Serum Proteins.....	7
Sodium.....	6
Sulphanilamide, etc.....	76
Stains on garments and other substances for human blood.....	28
Sugar.....	1513
Sugar Tolerance Test.....	31
Uric acid.....	1224

Faeces	1159
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Blood (Occult).....	924
Bilirubin and Urobilin.....	22
Fats.....	36
Microscopic Examination.....	1
Mercury.....	2

Parasites and Ova.....	140	
Pus.....	30	
Mucus.....	4	
Gastric Contents		232
For Alcohol.....	8	
For Poisons.....	5	
For Mercury.....	2	
Fractional Test Meals.....	212	
Duodenal Contents.....	4	
Vomitus for alcohol and poisons.....	1	
Post Mortem Examinations		68
Spinal Fluid		21
Dagenan Estimation.....	16	
Sugar.....	1	
Pneumococcus typing.....	4	
Tissues		3019
Tumour Cells (Examination of Transudates) for Tumor Cells—nucleolus— nucleus ratio).....		29
Urines		1500
Acetone.....	13	
Aschheim-Zondek Pregnancy test Friedmann's Modification.....	83	
Bence-Jones Protein.....	4	
Bile.....	20	
Blood.....	2	
Cholrides.....	2	
Cystoscopic from ureters.....	449	
Diastase.....	2	
Diacetic Acid.....	13	
Diazo Test.....	1	
Dilution Specific gravity test.....	1	
Hydrogen Ion Concentration.....	11	
Indican.....	1	
Lead.....	9	
Malignant Cells.....	1	
Mercury.....	7	
Mosenthal-Specific Gravity test.....	3	
Phenolsulphophthalein.....	3	
Phosphorus.....	1	
Routine.....	827	
Sugar (only).....	14	
Sugar Tolerance.....	11	

Urea Concentration test (McLean's).....	13
Uric Acid.....	1
Urobilin.....	8
Miscellaneous.....	441
Alcohol.....	2
Calculi (chemical exam).....	8
Comparison of threads, hairs, and other materials.....	10
Morphine.....	1
Mother's Milk.....	1
Poisons-Food.....	8
Poisons-Others.....	4
Saliva.....	1
Semen for Spermatozoa.....	4
Semial Stains on garments.....	14
Tablets—Sulphathiazole.....	1
Teapot for Copper Sulphate.....	1
Schick Tests.....	335
Unclassified.....	51

This year there has been an increase of 2,252 examinations over those of last year. The examinations for the Services and other organizations, which total well over 3,000, account entirely for the increase and this work has been done voluntarily and without additional recompense by the whole staff.

My assistants, Dr. Harold E. Taylor, Miss Helen Whidden, Miss Helen Robertson, Miss Elizabeth Baird and Miss Doris Boylan continue, as formerly, to give able, loyal and valuable assistance and service, and to them I wish to express my thanks and appreciation.

Respectfully submitted,

RALPH P. SMITH, M. D., D.P.H.,
Provincial Pathologist.

Halifax, N. S.,
November 30, 1941.

REPORT OF THE SANITARY ENGINEER

To the Chief Health Officer:

During the fiscal year ended November 30, 1941, progress in the engineering division of the department has not been spectacular. Some improvement, however, has been shown in most fields.

The condition of the various water systems in the province remains to some extent, unsatisfactory; but there are bright spots in the picture. The water supplies of Halifax, New Waterford, Yarmouth and Liverpool, have remained satisfactory since 1935, the earliest year for which relatively complete records are available. It may be added that all these supplies are chlorinated. One or two other towns would probably be included in that group, were it not that samples were not submitted during past years with sufficient regularity to ensure a complete and satisfactory record.

Five towns are recorded as producing satisfactory water for the first time in six or more years. Digby and North Sydney, both completing their first full year of chlorinating, are included in this group. Fifteen systems produced satisfactory water during 1941, compared with eleven in 1940, fourteen in 1939, sixteen in 1938 and ten in 1937.

It is interesting to compare the towns by population groups. Halifax is not included in this grouping, as the water examinations are conducted on a basis not directly comparable with the testing of other municipal water samples. Cities, and towns, population 25,000 to 50,000, have shown an *E. Coli* index of 3.00 per 100 cc.; those from 10,000 to 25,000 (including North Sydney and Sydney Mines together, since they are served by a single system), an index of 1.28 per 100cc.; those of 5,000 to 10,000, 2.25 per 100cc.; those of 2,500 to 5,000, 3.90 per 100cc.; those of 1,000 to 2,500, 4.25 per 100cc.; those under 1,000, 6.12 per 100cc.; and villages, regardless of population, 4.18 per 100cc. As villages are not census units, and further, do not usually have legally defined boundaries, it is not possible to compare them with the towns on a strict population basis; but from estimated populations, it would appear that they fall into similar groupings to the towns of 1,000 to 2,500, and under 1,000.

In general, as might be expected, the poorest water supplies are found to be those of villages and small towns which have not the financial resources to provide adequate equipment and supervision. In some small towns, and even villages, remarkably close check is kept; but in many, great carelessness is evident. In some cases, this has been due to frequent changes in personnel.

It would not be fair to close this section of the report without mentioning certain laboratory activities. The Laboratory of the Public Health has greatly increased the scope of its work in connection with the routine examination of municipal water supplies. Many of the coliform organisms appearing in certain waters have been typed. This has been

done particularly for some of the chlorinated waters in which *E. Coli* was frequently reported present on completion of the partially confirmed test. In many cases, typing revealed the organisms to be of the soil type (genus *Aerobacter*), or of the so-called intermediate form (sometimes called genus *Citrobacter*). The significance of coliform organisms other than *E. Coli*, is still open to some question; but many, if not most, observers regard them with less suspicion than *E. Coli* itself.

Little work has been done on sewage disposal during the past year, other than at military camps. This has normally been done by military engineers, either alone, or in consultation with engineers of the Department of Pensions and National Health. This Department has also co-operated, upon request; but such requests have not been frequent, being limited in general to those projects which might have an effect upon civilian activities in the vicinity.

Housing regulations have been adopted in one rural district, and some suburban districts have regulations of this nature under consideration. Any mass building projects which have become necessary in various places because of war-swollen populations, have been carried out by Wartime Housing Limited.

The production, handling, processing, and sale of milk has not shown great improvement during the year, although enough has been shown to be distinctly encouraging; but control of this vital food has been tremendously strengthened. A number of towns have passed new milk by-laws, most of which are based on standard ordinances.

Few towns have rushed into this field; rather, those which have passed such regulations have done so only after careful study, and the assurance of strong local support. That local authorities have passed such by-laws is obviously a forward step; but it is even more encouraging that they have come to see for themselves the importance of control of milk, and have taken this action because of their convictions, rather than as a favour to the department. It thus seems hardly probable that local enforcement will be the lax gesture of the past, but rather that it will be carried out in a manner suitable to the importance of clean, wholesome milk. This augurs well for a greatly improved milk supply in the near future.

Clean water supplies and clean milk supplies are both of major importance; but milk sanitation seems to be progressing naturally to a greater extent, due undoubtedly to competition and the operation of the profit motive. In addition

to this natural progress, further improvements have been stimulated by the interest of local boards of health, as already mentioned, and by the activities of various divisions of this department. It seems, therefore, that the greatest good can be accomplished for a given expenditure, by doing as much as possible to encourage municipalities to provide for their citizens, pure, safe, and attractive water.

Respectfully submitted,

R. DONALD McKAY,

Sanitary Engineer.

Halifax, N. S.,
November 30, 1941.

REPORT OF STATISTICIAN AND EPIDEMIOLOGIST

To the Chief Health Officer:

I have the honour to transmit herewith the report of the activities of the Division of Vital Statistics for the Fiscal Year ended November 30, 1941 and Statistics for the Calendar Year ended December 31, 1940.

Registration Activities:

There were registered in the Province during the Calendar Year of 1940, 12,856 live births, 365 stillbirths, 6,239 deaths and 6,401 marriages.

Based on the estimated population of the Province, the rates for 1940 as compared with those of 1939 (in brackets) were; Births 22.9 (21.3); Stillbirths 27.2 (30.8); Deaths 11.1 (11.4) and Marriages 11.4 (9.1).

The rates for Births, Deaths and Marriages are expressed as the number per 1,000 estimated population and the Still-birth Rate as the number per 1,000 total births.

Registrars:

There were in the Province 246 Division Registrars to whom births and deaths were reported by the medical attendant and subsequently registered. During the year, 17 new Division Registrars were appointed to replace 9 who resigned and 8 who were removed by death.

Once each month, Division Registrars mail the Certificates of Registration to the Division of Vital Statistics of the Department of Public Health.

Correcting, Filing and Indexing of Certificates:

The Original Certificates of Registration reported from the Division Registrars were examined and where information was inconsistent or incomplete, queries were sent to the respective registrars or to the medical attendant. The number of these queries still remains high, indicating carelessness on the part of many to secure complete information at the time of registration. The major causes of query were as follows;

For Birth certificates: Occupation of the Father; period of gestation; inconsistency of residence of the parents.

For Death certificates: Inconsistency of dates of birth and death, and age; inconsistency of place of death and residence; cause of death.

A Notification of Birth Registration was sent to the mother of each child born during the year and with this a request for a notice of any error in the original certificate. Any corrections were made by a marginal note on the original certificate.

Until September 1, 1940 when I was obliged to devote full time to military duties, punched cards of birth and death certificates were made for the compiling of monthly statistical reports.

A card index of each certificate was also made and the original certificates were bound.

Certified and other copies of Records:

The demand for birth and marriage certificates continued to increase, due to the necessity for proof of age of enlisted men and proof of birth and marriage of their dependents. Birth Certificates were requested also for proof of nationality of defence workers, both in Canada and the United States. Due to this increase, at times, when there were a large number of personal applications at the office, the filling of applications by mail was delayed. Much extra work was caused when insufficient or incorrect information was given at the time of the request for a Certificate.

During the year, a clerk from the Dependents' Allowance Board of the Department of National Defence had access to the files for checking the dependents of enlisted men, direct.

During the Calendar Year 1940, 11,314 certified copies of birth, death and marriage certificates were issued as com-

pared with 6,289 in 1939. In 1940, 3,069 uncertified statements or verifications were issued as compared with 420 in 1939.

The rapid increase in the demand for the records of the Division is illustrated in the following table, showing the work in 1940 compared with 1939:

Number of Certified Copies Issued:

	Birth Certificates	Delayed birth Registrations	Death Certifi- cates	Marriage Certifi- cates
1939	4,164	1,311	420	394
1940	7,818	1,831	586	1,079

In conclusion, I wish to thank the members of the office staff for their whole-hearted co-operation and willingness to meet these increased demands, on their time and patience, at various times and to thank the Division Registrars and Physicians for their prompt replies to queries sent them for missing information.

Respectfully submitted,

H. ROBERTSON, M.D., M.P.H.,

Statistician and Epidemiologist.

Halifax, N. S.
Nov. 30th, 1941.

REPORT OF THE SUPERINTENDENT OF THE NURSING SERVICE

To the Chief Health Officer:

I beg to submit my report for the year ending November 30, 1941.

Although there have been several changes made, the staff consisted of twenty-one nurses at the beginning of the year and twenty-four are now on duty. Seventeen of these completed the full year's service and six of the other eleven nurses who were employed for a portion of the year spent more than half the year on duty. The remaining five were employed for more than four months each. During the first half of the

year, two nurses were off duty without salary and another two were given leave of absence without salary in September. One nurse gave up her position to be married and another one was taken over for military service. Two of the five new appointments completed over six months service and the other three were on duty for more than four months each. The new nurses spent short periods in the central offices and in a field previous to their assignment to a district. With this experience they are better prepared for community work. This past year the nurses were on duty for $276\frac{1}{4}$ months or 48,270 hours. The previous year the staff were on duty for $263\frac{1}{2}$ months or 46,159 hours.

The dental trailer nurse was on duty for $7\frac{1}{2}$ months or 1,361 hours and about half of this time was spent in Cape Breton Island. Eight of the ten nurses who are now on duty in the Cape Breton Island Health Unit, completed the full year's service and two other nurses were on duty for about nine months each. The other new appointment there, has been on duty for four months. The staff in this division were on duty for 118 months or 20,404 hours and during the previous year this service consisted of $116\frac{1}{2}$ months or 20,043 hours.

In the two Western Divisions of the mainland, the nurses were on duty for $93\frac{1}{2}$ months or 16,298 hours. The staff in this section now consists of nine and five of these completed the full year on duty. Three of the new appointments were allotted in this district. The two nurses who gave up their positions were stationed there.

In the two Eastern Divisions of the mainland, four nurses completed the full year's service and the other one was granted leave of absence in September due to illness in her family. These nurses were on duty for $57\frac{1}{4}$ months or 10,208 hours. This district is not now carrying a complete staff.

It was most encouraging this year to have scholarships granted to two nurses by the Rochefeller Foundation. This assistance during such a distressing period is very much appreciated. It is expected that these nurses will derive great benefit from this excellent experience and that they will be able to give the province exceptionally good service on their return to this department.

One of the fellowship advisers of the International Health Division of the Rochefeller Foundation, Miss Mary Elizabeth Tennant, R. N., made a visit of two weeks to the Province in August. It was possible for her to spend a short period with four of our Divisional Medical Health Officers. Several of our nurses enjoyed the opportunity of meeting her.

The appended summary of the Nurses' activities show that they spent 6,077 hours or 12.4 per cent of their time at clinics. During the previous year they only spent 5,437 hours or 11.8 per cent of their time on this type of work. In addition, considerable time was spent by nurses in the preparation of clinic service and in the tabulation of the records that are essential for such work. The increase in the nurses' clinic work was largely due to our enlarged anti-tuberculosis program and to the immunization service that required attention. There were 65,148 immunization doses given with the assistance of our nurses. The number of unvaccinated pupils have been reduced over six per cent.

There has been a marked increase in the work done in the homes by our nurses this year. The total homes visited this year were 26,032 and 47,080 persons were given attention in these homes. During the previous year 22,229 homes were visited and 32,458 cases were given service. The number of cases given attention in homes by our nurses for 1940 and 1941 is as follows:

	1940	1941	Increase
Anti-tuberculosis Work.....	12,213	21,581	9,368
Other Cases.....	20,245	25,499	5,254
Total.....	32,458	47,080	14,622

The work listed under "Other Cases" includes chiefly, children of various ages. An effort is made to deal with each family as a unit and to give attention to all problems in each home.

Due to the program carried in connection with Communicable Disease control work, it was impossible for the nurses to visit all their schools. It was necessary to give special attention to the most urgent situations. The extremely severe winter weather, and the increase in Communicable Disease work have made the past year a difficult one for our staff. With the exception of short periods of illness, the health of the nurses has been very good.

The demand for services from various sources is steadily growing heavier. Our staff is frequently requested to help in carrying local activities and the co-operation that is received from organizations in sponsoring welfare work, is most gratifying. This unfailing co-operation is a constant inspiration.

The world wide situation has increased our problems and an effort is made to lessen the difficulties that are en-

countered as well as to make improvements that will help to build up a more efficient service. Satisfactory results should follow the attention now given adequate diets, the correction of defects, and a higher standard of personal and community hygiene.

The several divisional reports will include many details in connection with the service rendered in carrying special projects.

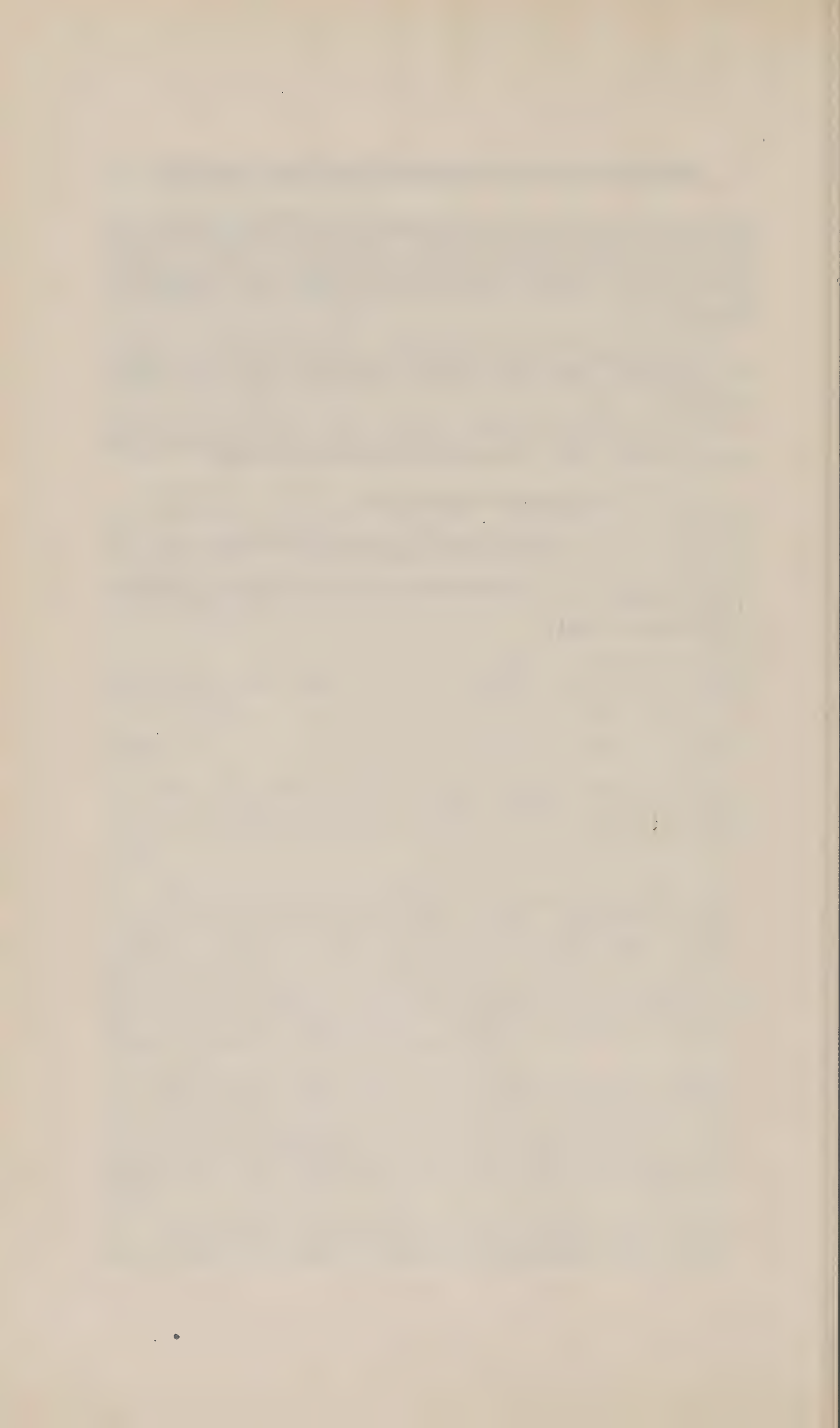
In conclusion, may I express my sincere thanks for the help received from individuals and organizations.

Respectfully submitted,

MARGARET E. MacKENZIE, R. N.

Superintendent of the Nursing Service.

Halifax, N. S.,
November 30, 1941.



REPORT OF THE DEPARTMENT OF PUBLIC HEALTH 117

CASES EXAMINED BY THE DIVISIONAL MEDICAL HEALTH OFFICERS
DECEMBER 1, 1940 TO NOVEMBER 30, 1941

COUNTIES	1st Exams.			Re-Exams.			Total examinations	Examinations, 20 yrs. and under
	Positive	Negative	Suspect	Positive	Negative	Suspect		
PHYSICAL EXAMINATIONS								
Annapolis.....	11	78	5	63	27	1	185	33
Antigonish.....	16	25	6	80	15	2	144	17
Cape Breton.....	55	47	16	191	30	4	343	76
Colchester.....	20	212	6	44	50	.....	332	68
Cumberland.....	40	137	21	121	83	37	439	75
Digby.....	11	84	14	67	42	13	108	42
Guysboro.....	6	8	2	4	1	1	22	5
Halifax City.....	5	19	4	33	21	4	86	22
Halifax County.....	15	33	1	11	10	3	73	25
Hants.....	30	118	13	65	37	1	264	39
Inverness.....	23	18	8	92	16	2	159	32
Kings.....	15	71	3	15	13	3	120	22
Lunenburg.....	17	75	11	79	50	15	247	56
Pictou.....	44	214	29	93	102	10	482	204
Queens.....	3	11	5	14	6	2	41	7
Richmond.....	11	21	1	21	7	.....	61	19
Shelburne.....	6	26	9	18	9	8	76	24
Victoria.....	8	13	1	33	10	1	66	14
Yarmouth.....	21	53	22	68	35	18	217	52
Total.....	357	1263	177	1112	564	125	3404	832
X-RAY EXAMINATIONS								
Annapolis.....	13	106	5	65	51	4	244	61
Antigonish.....	36	119	12	119	24	7	317	51
Cape Breton.....	179	902	66	758	429	35	2369	633
Colchester.....	23	338	8	67	104	2	542	230
Cumberland.....	44	276	28	140	122	26	636	93
Digby.....	16	77	11	131	71	20	326	101
Guysboro.....	19	498	22	26	150	5	720	490
Halifax City.....	10	101	4	39	82	19	255	100
Halifax County.....	49	361	17	33	85	4	549	177
Hants.....	47	313	18	91	127	9	605	220
Inverness.....	49	123	18	168	58	3	419	109
Kings.....	19	102	3	22	32	2	180	36
Lunenburg.....	26	41	20	156	30	18	271	56
Pictou.....	47	200	30	89	75	12	453	141
Queens.....	.....	3	2	13	2	2	22	7
Richmond.....	27	93	4	62	37	1	224	70
Shelburne.....	11	15	7	70	6	11	109	24
Victoria.....	16	68	8	86	70	5	253	86
Yarmouth.....	38	202	47	166	138	39	630	52
Prov. Agricultural College Students.....	.....	15	.....	.....	9	.....	24	12
Prov. Normal College Students.....	.....	70	.....	.....	3	.....	73	55
Indian Residential School.....	.....	15	.....	1	79	1	96	.....
Total.....	669	4038	330	2282	1784	225	9317	2804
FLUOROSCOPIC EXAMIN'TIONS								
Annapolis.....	5	147	1	32	220	.....	405	148
Antigonish.....	15	161	6	56	39	3	568	148
Cape Breton.....	17	101	9	80	55	2	264	134
Colchester.....	2	87	1	6	38	.....	134	92
Cumberland.....	5	168	5	2	44	3	227	159
Digby.....	2	198	8	39	272	7	526	273
Hants.....	8	153	4	6	107	2	280	180
Inverness.....	11	85	4	29	41	.....	170	100
Kings.....	4	97	.....	3	51	.....	155	111
Lunenburg.....	12	511	11	77	466	14	1091	545
Pictou.....	1	45	.....	4	11	.....	61	25
Queens.....	2	48	3	55	120	7	235	102
Richmond.....	3	23	.....	8	12	1	47	34
Shelburne.....	3	151	9	29	171	4	367	222
Victoria.....	2	50	.....	12	24	1	89	56
Yarmouth.....	7	404	17	160	451	36	1075	459
Total.....	99	2429	82	605	2111	141	5633	2788

SUMMARY OF NURSES' ACTIVITIES.

	Months on Duty	Hours Spent on Duty	Clinic Work	Travelled		School Work			Home Visits		
			Hours Spent on Clinic Work	No. of Miles	Hours Spent Travelling	No. of Class Rooms Inspected	No. of Pupils given complete Examination	Hours Spent in Schools	No. of Homes Visited	No. Cases Given Attention in Homes	Hours Spent in Homes
G. Anderson.....	12	2082.55	319.15	5827	249.55	1 06	2336	307.00	746	1039	388.20
H. Brophy.....	12	1891.00	151.40	5534	202.55	19	593	85.20	1665	2341	810.45
A. Buffett.....	4½	706.45	91.40	2476	88.30	23	467	62.50	429	763	151.20
D. Cox.....	12	1835.45	125.50	5337	213.50	83	1996	314.10	760	2406	232.40
E. Dakai.....	8½	1336.20	89.10	5010	187.00	74	1542	198.45	1072	1260	402.10
P. Francis.....	12	1921.25	108.35	4664	186.20	52	1086	178.20	1470	1673	920.00
A. George.....	5	997.15	79.30	4705	158.20	24	475	98.55	1060	4315	310.20
L. M. Grant.....	12	1939.20	377.00	6579	241.20	81	1879	275.10	656	1849	181.10
M. Johnson.....	12	2158.45	158.10	8174	267.25	124	1690	167.20	1599	4743	517.10
P. Lyttle.....	12	2529.05	118.00	11808	475.30	59	595	148.35	1377	2812	608.40
B. Martell.....	12	2094.40	157.15	6055	306.55	85	821	139.00	1382	1867	712.30
R. Morrison.....	12	2172.20	274.00	7021	188.15	176	2041	407.45	1903	3921	593.20
Harriet Macdonald	12	2010.00	73.35	3415	348.05	56	627	130.50	1284	1912	615.00
Hazel Macdonald ..	12	2141.05	324.40	7459	275.00	1	7	4.05	507	561	145.10
Mary T. Macdonald	9½	1381.55	241.30	4241	216.00	27	363	59.40	571	844	334.25
F. Macdougall.....	12	2194.20	638.00	5612	166.20	65	1035	193.30	1171	1877	614.30
M. E. McEvoy.....	6½	1231.20	140.30	4358	169.00	30	572	54.45	695	942	348.20
L. MacIntosh.....	5	862.15	93.15	3092	123.45	66	1132	204.15	386	721	144.30
J. MacIvor.....	5	836.45	196.10	2603	82.25	45	1025	126.15	399	811	133.10
J. MacKinley.....	12	2211.05	162.45	6627	309.50	151	1622	238.40	1190	1221	548.05
K. Macneil.....	12	1845.55	137.40	4254	188.00	44	1438	165.35	1163	1630	563.25
E. Pitts.....	12	2432.55	386.35	6748	313.40	25	452	109.25	681	749	249.35
E. Trerice.....	4½	797.00	102.40	2937	114.35	78	861	149.45	223	831	146.00
K. Turner.....	7½	1123.05	112.30	4110	129.50	83	2176	296.15	612	1008	277.40
L. Turner.....	7½	1361.00	896.00	3476	209.00	.....	.....	.....	1	1	.30
C. Wade.....	12	2136.30	111.00	4500	259.15	221	4647	734.40	592	1018	336.50
N. Wile.....	9½	1716.45	50.10	4657	447.40	15	285	61.00	951	976	63.20
M. Gray.....	12	2323.00	360.30	7666	.....	173	3628	.....	1488	2958	.....
Totals.....	276½	48270.30	6077.35	148945	6118.40	1986	35391	4911.50	26033	47049	10348.55

DEC. 1st, 1940 to NOV. 30th, 1941

Interviews		Office Work	Meetings	Bedside Care, etc.	Delays	Conferences	Camp. Work	Pupils given Rapid Inspections	Immunization Service		Dental Trailer Work
No. of Interviews	Hours Spent on Interviews	Hours Spent on Office Work	Hours Spent at Meetings	Hours	Hours	Hours	Hours		No of doses given at Clinics attended	No. of vaccinations at Clinics attended	No of pupils given Dental Attention
596	200.10	524.15	30.30	52.30	9.00	2.00	.....	105	2215	25	.....
526	160.55	435.50	.....	24.50	8.00	10.45	.....	170	4239	116	.....
61	9.55	245.55	.....	21.15	.....	35.20	.....	.....	2384	62	.....
504	155.00	743.05	27.40	5.40	12.35	5.15	.....	263	2100	2	.....
96	34.50	400.25	16.00	8.00	.....	.....	.....	10	884	69	.....
254	138.00	278.20	21.15	68.30	9.20	12.45	.....	819	2723	336	.....
191	71.45	241.05	1.00	16.25	.25	19.30	.....	.....	245	10	.....
310	145.30	670.00	21.35	19.10	3.25	5.00	.....	918	3554	10	.....
1881	507.25	493.45	33.45	12.15	.....	1.30	.....	863	1924	31	.....
491	78.25	461.40	31.30	551.05	39.55	15.45	.....	363	1416	107	.....
562	126.30	355.30	20.00	253.00	8.00	16.00	.....	963	2962	56	.....
528	213.45	380.15	89.30	8.30	.....	17.00	.....	2985	2705	.....	.....
749	238.00	294.05	23.45	130.55	4.30	23.15	128	461	185	.....	.....
1328	327.55	912.55	40.30	70.45	4.40	35.25	.....	.....	1865	16	.....
193	89.00	421.50	16.40	.20	2.30	.....	.....	239	5700	.....	.....
126	70.30	481.00	.....	17.30	.....	13.00	.....	189	5142	102	.....
196	101.45	353.00	11.00	13.45	2.15	37.00	.....	93	108	41	.....
149	39.00	204.30	28.45	16.30	1.45	6.00	.....	479	.....	.....	.....
287	104.00	190.00	4.00	.45	.....	.....	.....	311	3996	.....	.....
1141	265.35	529.10	1.40	135.20	8.45	11.15	.....	.....	3145	78	.....
144	55.05	548.30	12.00	45.40	.05	9.55	120	40	3506	601	.....
452	145.00	1200.10	13.30	9.30	5.30	.....	.....	82	5816	172	.....
89	55.00	218.05	.....	.45	.40	9.30	.....	250	260	260	.....
179	75.35	228.00	.....	3.15	.....	.....	.....	40	1921	.....	.....
536	131.30	124.00	.....	.....	.....	.....	.....	.....	.....	.....	1493
345	156.50	494.25	24.30	19.00	.....	.....	.....	482	3480	199	.....
51	35.40	214.40	16.00	805.35	.....	22.40	.....	20	226	.....	.....
368	.....	.....	9.00	3.30	.....	6	.....	364	2447	.....	.....
12333	3732.35	11644.25	494.05	2314.15	121.20	314.50	248	10509	65148	2293	1493

PROVINCE OF NOVA SCOTIA

**TABLE A—NUMBER OF BIRTHS IN THE PROVINCE OF
NOVA SCOTIA (EXCLUSIVE OF STILLBIRTHS) AND
BIRTH RATES BY COUNTIES 1940**

County	Population 1931 Census	1940		1939	1929
		No. of Births	Birth Rate*	Birth Rate*	Birth Rate*
Total.....	512,846	12,856	25.1	23.0	20.4
Annapolis.....	16,297	351	21.5	18.8	15.4
Antigonish.....	10,073	317	31.5	27.7	15.9
Cape Breton.....	92,419	2,857	30.9	27.2	26.2
Colchester.....	25,051	586	23.4	21.9	20.6
Cumberland.....	36,366	923	25.4	23.3	18.4
Digby.....	18,353	456	24.8	22.5	19.3
Guysboro.....	15,443	313	20.3	21.1	19.1
Halifax.....	100,204	2,773	27.7	24.0	22.7
Hants.....	19,393	496	25.6	24.9	23.9
Inverness.....	21,055	391	18.6	19.4	14.7
Kings.....	24,357	614	25.2	23.3	18.2
Lunenburg.....	31,674	627	19.8	18.7	16.3
Pictou.....	39,018	777	19.9	18.4	17.9
Queens.....	10,612	286	27.0	22.3	21.0
Richmond.....	11,098	202	18.2	18.6	17.0
Shelburne.....	12,485	268	21.5	25.2	19.1
Victoria.....	8,009	137	17.1	17.4	14.2
Yarmouth.....	20,939	482	23.0	23.1	19.7

* Number of births per 1000 population.

Note;—The birth rate for 1940 for the Province based on the estimated population
s 22.9.

PROVINCE OF NOVA SCOTIA

TABLE B—NUMBER OF DEATHS AND DEATH RATES BY COUNTIES PROVINCE OF NOVA SCOTIA, 1940

County	Population 1931 Census	1940		1939	1929
		No. of Deaths	Death Rate*	Death Rate*	Death Rate*
Total.....	512,846	6,239	12.2	12.3	12.7
Annapolis.....	16,297	209	12.8	13.2	13.7
Antigonish.....	10,073	186	18.5	18.5	18.9
Cape Breton.....	92,419	951	10.3	10.5	11.8
Colchester.....	25,051	345	13.8	13.0	12.4
Cumberland.....	36,366	443	12.2	12.0	9.8
Digby.....	18,353	221	12.0	12.3	13.9
Guysboro.....	15,448	144	9.3	9.5	13.4
Halifax.....	100,204	1,429	14.3	13.1	14.3
Hants.....	19,393	262	13.5	12.9	12.0
Inverness.....	21,055	238	11.3	12.6	12.6
Kings.....	24,357	358	14.7	13.7	12.1
Lunenburg.....	31,674	379	12.0	13.4	11.2
Pictou.....	39,018	407	10.4	11.4	12.5
Queens.....	10,612	106	10.0	10.7	17.8
Richmond.....	11,098	86	7.7	11.6	11.4
Shelburne.....	12,485	143	11.5	12.7	11.5
Victoria.....	8,009	82	10.2	8.9	10.5
Yarmouth.....	20,939	250	11.9	13.9	12.5

*Number of deaths per 1000 population.

Note: The death rate for 1940 for the Province based on the estimated population is 11.1

PROVINCE OF NOVA SCOTIA

TABLE C—BIRTHS AND DEATHS BY CITIES AND TOWNS
PROVINCE OF NOVA SCOTIA, 1940

	Population 1931 Cen- sus	No. of living Births	Rate per 1000 Popula- tion	No. of Deaths	Rate Per 1000 Popula- tion
Cities					
Glace Bay.....	20,706	958	46.3	249	12.0
Halifax.....	59,275	2,030	34.2	966	16.3
Sydney.....	23,089	863	37.4	242	10.5
Towns 1000 Pop. and over					
Amherst.....	7,450	219	29.4	133	17.9
Antigonish.....	1,764	253	143.4	98	55.6
Bridgetown.....	1,126	15	13.3	17	15.1
Bridgewater.....	3,262	161	49.4	90	27.6
Canso.....	1,575	32	20.3	21	13.3
Dartmouth.....	9,100	120	13.2	86	9.5
Digby.....	1,412	103	72.9	41	29.0
Dominion.....	2,846	22	7.7	8	2.8
Inverness.....	2,900	167	57.6	47	16.2
Joggins.....	1,000	31	31.0	8	8.0
Kentville.....	3,033	157	51.8	102	33.6
Liverpool.....	2,669	140	52.5	28	10.5
Lunenburg.....	2,727	44	16.1	35	12.8
Mahone Bay.....	1,065	4	3.8	16	15.0
New Glasgow.....	8,858	526	59.4	137	15.5
New Waterford.....	7,745	267	34.5	73	9.4
North Sydney.....	6,139	221	36.0	89	14.5
Oxford.....	1,133	19	16.8	21	18.5
Parrsboro.....	1,919	35	18.2	24	12.5
Pictou.....	3,152	65	20.6	44	14.0
Port Hawkesbury.....	1,011	8	7.9	6	5.9
Shelburne.....	1,474	26	17.6	11	7.5
Springhill.....	6,355	233	36.7	69	10.9
Stellarton.....	5,002	22	4.4	39	7.8
Sydney Mines.....	7,769	225	29.0	100	12.9
Trenton.....	2,613	13	5.0	27	10.3
Truro.....	7,901	273	34.6	130	16.5
Wedgeport.....	1,294	28	21.6	11	8.5
Westville.....	3,946	9	2.3	27	6.8
Windsor.....	3,032	183	60.4	74	24.4
Wolfville.....	1,818	91	50.0	45	24.8
Yarmouth.....	7,055	222	31.5	135	19.1

PROVINCE OF NOVA SCOTIA

TABLE D—NUMBERS OF MARRIAGES AND MARRIAGE RATES
BY COUNTIES PROVINCE OF NOVA SCOTIA, 1940

County	Pop. 1931 Census	1940		1939	1929
		No. of Marriages	Rate per 1000 Pop.	Rate	Rate
Nova Scotia	512,846	6401	12.5	9.7	6.7
Annapolis.....	16,297	124	7.6	7.0	5.2
Antigonish	10,073	96	9.5	7.7	4.4
Cape Breton.....	92,419	1196	12.9	10.5	7.1
Colchester.....	25,051	389	15.5	10.6	7.6
Cumberland.....	36,366	409	11.2	9.6	6.9
Digby.....	18,353	188	10.2	9.2	5.5
Guysboro.....	15,443	104	6.7	6.2	4.2
Halifax.....	100,204	2015	20.1	12.9	9.4
Hants.....	19,393	213	11.0	8.4	6.4
Inverness.....	21,055	110	5.2	4.8	3.3
Kings.....	24,357	313	12.9	10.8	7.2
Lunenburg.....	31,674	311	9.8	9.0	6.3
Pictou.....	39,018	387	9.9	8.2	5.3
Queens.....	10,612	103	9.7	11.4	11.6
Richmond.....	11,098	71	6.4	5.2	2.1
Shelburne.....	12,485	109	8.7	8.4	5.5
Victoria.....	8,009	38	4.7	4.2	2.0
Yarmouth.....	20,939	225	10.7	10.1	6.1

PROVINCE OF NOVA SCOTIA

TABLE E—NUMBER OF MARRIAGES AND MARRIAGE RATES
BY CITIES AND TOWNS, 1940

	Population 1931 census	Number of Marriages	Rate per 1,000 population
CITIES:			
Glace Bay.....	20,706	240	11.5
Halifax.....	59,275	1446	24.4
Sydney.....	23,089	458	19.8
TOWNS: (1000 population and over):			
Amherst.....	7,450	157	21.1
Antigonish.....	1,764	38	21.5
Bridgetown.....	1,126	21	18.7
Bridgewater.....	3,262	88	27.0
Canso.....	1,575	25	15.9
Dartmouth.....	9,100	201	22.01
Digby.....	1,412	34	24.01
Dominion.....	2,846	9	3.2
Inverness.....	2,900	13	4.5
Joggins.....	1,000	10	10.0
Kentville.....	3,033	130	42.9
Liverpool.....	2,669	37	13.9
Lunenburg.....	2,727	32	11.7
Mahone Bay.....	1,065	36	33.8
New Glasgow.....	8,858	121	13.7
New Waterford.....	7,745	136	17.6
North Sydney.....	6,139	108	17.6
Oxford.....	1,133	37	32.7
Parrsboro.....	1,919	23	12.0
Pictou.....	3,152	41	13.0
Port Hawkesbury.....	1,011	16	15.8
Shelburne.....	1,474	30	20.4
Springhill.....	6,355	83	13.1
Stellarton.....	5,002	83	16.6
Sydney Mines.....	7,769	77	9.9
Trenton.....	2,613	19	7.3
Truro.....	7,901	235	29.7
Wedgeport.....	1,294	18	13.9
Westville.....	3,946	48	12.1
Windsor.....	3,032	89	29.4
Wolfville.....	1,818	40	22.0
Yarmouth.....	7,055	123	17.4

PROVINCE OF NOVA SCOTIA

TABLE F—INFANT MORTALITY AND RATES BY COUNTIES
PROVINCE OF NOVA SCOTIA, 1940

County	1940			1939	1929
	No. of live Births	Deaths under 1 year	Rate per 1000 live Births	Rate	Rate
Nova Scotia.....	12,856	802	62.4	64.3	89.8
Annapolis.....	351	22	62.7	61.8	57.1
Antigonish.....	317	15	47.3	46.4	81.0
Cape Breton.....	2,857	196	68.6	75.0	99.0
Colchester.....	586	42	71.7	56.4	88.4
Cumberland.....	923	58	62.8	70.5	60.3
Digby.....	456	28	61.4	103.8	78.9
Guysboro.....	313	25	79.9	64.4	114.4
Halifax.....	2,773	174	62.7	57.6	106.3
Hants.....	496	38	76.6	70.2	84.5
Inverness.....	391	29	74.2	56.2	116.8
Kings.....	614	30	48.9	47.5	66.8
Lunenburg.....	627	37	59.0	91.0	61.5
Pictou.....	777	26	33.5	48.5	79.1
Queens.....	286	14	49.0	71.7	148.3
Richmond.....	202	13	64.4	57.9	97.6
Shelburne.....	268	19	70.9	53.9	58.1
Victoria.....	137	13	94.9	35.7	119.0
Yarmouth.....	482	23	47.7	44.3	67.8

PROVINCE OF NOVA SCOTIA

TABLE G—INFANT MORTALITY BY CITIES AND TOWNS
PROVINCE OF NOVA SCOTIA, 1940

	1940			1939	1929
	No. of Live Births	No. of Infant Deaths	Rate per 1000 live Births	Rate	Rate
Cities					
Glace Bay.....	958	67	69.9	78.1	104.9
Halifax.....	2030	109	53.7	53.7	110.7
Sydney.....	863	23	26.7	17.5	43.8
Towns					
1000 Pop. and over					
Amherst.....	219	17	77.6	91.3	79.1
Antigonish.....	253	9	35.6	42.4	57.1
Bridgetown.....	15	2	133.3		
Bridgewater.....	161	12	74.5	92.8	86.4
Canso.....	32	2	62.5	55.5	111.1
Dartmouth.....	120	6	50.0	70.7	111.1
Digby.....	103	7	68.0	78.2	108.1
Dominion.....	22	5	227.3	303.0	250.0
Inverness.....	167	10	59.9	51.9	194.8
Joggins.....	31	1	32.3	38.4	111.1
Kentville.....	157	8	51.0	44.4	20.8
Liverpool.....	140	6	42.9	47.6	224.5
Lunenburg.....	44	3	68.2	96.7	95.2
Mahone Bay.....	4				100.0
New Glasgow.....	526	11	20.9	32.0	71.9
New Waterford.....	267	24	89.9	94.4	110.7
North Sydney.....	221	21	95.0	94.5	109.2
Oxford.....	19	2	105.3		230.7
Parrsboro.....	35	1	28.6	119.0	55.5
Pictou.....	65	2	30.8	40.8	102.0
Port Hawkesbury.....	8	1	125.0	111.1	
Shelburne.....	26	1	38.5		76.9
Springhill.....	233	13	55.8	60.8	35.5
Stellarton.....	22	2	90.9	90.8	91.9
Sydney Mines.....	225	23	102.2	86.7	121.4
Trenton.....	13	3	230.8	31.2	70.1
Truro.....	273	18	65.9	36.1	97.1
Wedgeport.....	28	2	71.4	43.4	114.2
Westville.....	9	2	222.2	95.2	132.3
Windsor.....	183	13	71.0	70.9	127.9
Wolfville.....	91	3	33.0	30.6	210.5
Yarmouth.....	222	10	45.0	38.2	61.9

PROVINCE OF NOVA SCOTIA

TABLE H—NUMBER OF DEATHS AND DEATH RATES FROM TUBERCULOSIS BY COUNTIES PROVINCE OF NOVA SCOTIA, 1940

	TUBERCULOSIS (All Forms)		PULMONARY	
	Number of Deaths	Rate Per 100,000 Pop.*	Number of Deaths	Rate per 100,000 Pop.*
Nova Scotia.....	415	80.9	336	65.5
Annapolis.....	1	6.1	1	6.1
Antigonish.....	35	347.5	30	297.8
Cape Breton.....	56	60.6	39	42.2
Colchester.....	10	39.9	8	31.9
Cumberland.....	29	79.7	24	66.0
Digby.....	13	70.8	11	60.0
Guysboro.....	8	51.8	7	45.3
Halifax.....	91	90.8	76	75.8
Hants.....	12	61.9	11	56.7
Inverness.....	8	38.0	5	23.7
Kings.....	61	250.4	56	229.9
Lunenburg.....	14	44.2	9	28.4
Pictou.....	33	84.6	28	71.8
Queens.....	6	56.5	3	28.3
Richmond.....	3	27.0	1	9.0
Shelburne.....	9	72.1	7	56.1
Victoria.....	2	24.9	2	24.9
Yarmouth.....	24	114.6	18	86.0

*1931 Census figures.

Note— Based on estimated population for 1940, the provincial death rates are 73.8 for all forms and 59.8 for pulmonary tuberculosis.

PROVINCE OF NOVA SCOTIA

**TABLE I—NUMBER OF DEATHS AND DEATH RATES FROM
TUBERCULOSIS BY CITIES AND TOWNS PROVINCE
OF NOVA SCOTIA, 1940**

Cities	Pop. 1931 Census	Tuberculosis (all forms)		Pulmonary Tuberculosis	
		No. of Deaths	Rate per 100,000 Pop.	No. of Deaths	Rate per 100,000 Pop.
Glace Bay.....	20,706	14	67.6	8	38.6
Halifax.....	59,275	69	116.4	56	94.5
Sydney.....	23,089	23	99.6	20	86.6
Towns 1000 Pop. and over					
Amherst.....	7,450	13	174.5	11	147.7
Antigonish.....	1,764	28	1587.3	24	1360.5
Bridgetown.....	1,126				
Bridgewater.....	3,262	3	91.7	1	30.7
Canso.....	1,575				
Dartmouth.....	9,100	1	11.0	1	11.0
Digby.....	1,412	3	212.5	3	212.5
Dominion.....	2,846				
Inverness.....	2,900				
Joggins.....	1,000	1	100.0		
Kentville.....	3,033	52	1714.5	51	1681.5
Liverpool.....	2,669	3	112.4	1	37.4
Lunenburg.....	2,727				
Mahone Bay.....	1,065	1	93.9	1	93.9
New Glasgow.....	8,858	7	79.0	5	56.4
New Waterford.....	7,745	2	25.8		
North Sydney.....	6,139	5	81.4	4	65.2
Oxford.....	1,133				
Parrsboro.....	1,919	1	52.1		
Pictou.....	3,152	4	126.9	2	63.5
Port Hawkesbury.....	1,011				
Shelburne.....	1,474				
Springhill.....	6,355	3	47.2	3	47.2
Stellarton.....	5,002	4	80.0	4	80.0
Sydney Mines.....	7,769	5	64.4	1	12.9
Trenton.....	2,613	3	114.8	3	114.8
Truro.....	7,901	3	38.0	2	25.3
Wedgeport.....	1,294	2	154.6	1	77.3
Westville.....	3,946	2	50.7	2	50.7
Windsor.....	3,032	2	66.0	1	33.0
Wolfville.....	1,818	3	165.0	2	110.0
Yarmouth.....	7,055	13	184.3	11	155.9

PROVINCE OF NOVA SCOTIA

TABLE J—FIVE MOST COMMON CAUSES OF DEATH IN AGE GROUPS- PROVINCE OF NOVA SCOTIA 1940.

CAUSE OF DEATH	Deaths in Age Groups	Percent of Group Total		Deaths At All Ages	Percent of Deaths at All ages in Age Groups
Under 1 year.....	802	100.0			
Prematurity.....	166	20.7	66.0	166	100.0
Pneumonia and Influenza.....	165	20.6		631	26.1
Diseases of early infancy.....	78	9.7		78	100.0
Congenital Malformations.....	71	8.9		81	87.7
Injury at Birth.....	49	6.1		49	100.0
1-4 Years.....	153	100.0			
Pneumonia and Influenza.....	35	22.9	64.1	631	5.5
Tuberculosis.....	23	15.0		415	5.5
Accidents.....	18	11.8		373	4.8
Whooping Cough.....	14	9.2		53	26.4
Meningitis.....	8	5.2		25	32.0
5-14 Years.....	121	100.0			
Accidents.....	32	26.4	60.3	373	8.6
Tuberculosis.....	16	13.2		415	3.9
Diphtheria.....	10	8.3		21	47.6
Rheumatic Fever.....	8	6.6		31	25.8
Appendicitis.....	7	5.8		38	18.4
15-24 Years.....	251	100.0			
Tuberculosis.....	83	33.1	71.7	415	20.0
Accidental.....	59	23.4		373	15.8
Pneumonia and Influenza.....	20	8.0		631	3.2
Puerperal.....	10	4.0		54	18.5
Appendicitis.....	8	3.2		38	21.1
25-44 years.....	620	100.0			
Tuberculosis.....	169	27.3	65.5	415	40.7
Accidents.....	98	15.8		373	26.3
Cancer.....	53	8.5		762	7.0
Puerperal.....	44	7.1		54	81.5
Heart Disease.....	42	6.8		980	4.3
45-64 years.....	1135	100.0			
Cancer.....	252	22.2	59.8	762	33.1
Heart Disease.....	225	19.8		980	23.0
Tuberculosis.....	73	6.4		415	17.6
Nephritis.....	67	5.9		325	20.6
Pneumonia and Influenza.....	62	5.5		631	9.8
65-84 years.....	2447	100.0			
Heart Disease.....	564	23.0	67.5	980	57.6
Cancer.....	404	16.5		762	53.0
Arterio-Sclerosis.....	291	11.9		456	63.8
Pneumonia and Influenza.....	217	8.9		631	34.4
Nephritis.....	175	7.2		325	53.8
85 years and Over.....	707	100.0			
Senility.....	143	20.2	73.8	232	61.6
Heart Disease.....	141	19.9		980	14.3
Arterio-Sclerosis.....	101	14.3		456	22.1
Pneumonia and Influenza.....	87	12.3		631	13.8
Nephritis.....	50	7.1		325	15.4

PROVINCE OF NOVA SCOTIA

TABLE K—Number of deaths from certain specified causes, 1940 by counties

Inter-national list number	Cause of Death	Nova Scotia	Annapolis	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth
11	Influenza.....	254	8	7	28	19	13	14	9	41	14	18	12	24	15	4	10	6	4	8
23-32	Tuberculosis (all forms).....	415	1	35	56	10	29	13	8	91	12	8	61	14	33	6	3	9	2	24
23	Pulmonary Tuberculosis.....	336	1	30	39	8	24	11	7	76	11	5	56	9	28	3	1	7	2	18
45-53	Cancer and other Malignant Tumors.....	762	33	20	102	40	51	26	14	184	29	32	36	55	60	15	10	17	5	33
90-95	Diseases of the Heart.....	980	44	18	145	62	70	44	19	185	41	23	63	86	67	20	4	31	13	45
96, 97, 99, 102	Diseases of the Arteries.....	577	20	3	51	39	60	22	12	152	33	9	24	38	49	17	4	10	2	32
107-109	Pneumonia (all forms).....	377	10	2	50	30	30	10	13	120	12	15	25	20	17	4	2	5	5	6
119	Diarrhoea (under 2 yrs. of age).....	27	.....	.....	12	2	1	.....	1	4	.....	.....	2	.....	3	1	1	.....	.....	.....
130-132	Nephritis.....	325	22	10	39	10	28	10	21	60	9	26	16	10	19	7	6	13	6	13
158-161	Diseases of early Infancy.....	327	10	11	63	13	32	12	9	68	25	9	14	16	11	5	9	8	4	8
176-198	Violent Deaths.....	373	12	9	78	30	25	9	5	92	18	9	13	19	23	4	5	7	3	12

PROVINCE OF NOVA SCOTIA

TABLE L—Death rates per 100,000 population (1931 census) from certain specified causes by counties, 1940

Inter-national List No.	Cause of Death	Nova Scotia	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth
11	Influenza.....	50	49	69	30	76	36	76	58	41	72	85	49	76	38	90	48	50	38
23-32	Tuberculosis (all forms).....	81	6	347	61	40	80	71	52	91	62	38	250	44	85	27	72	25	115
23	Pulmonary Tuberculosis.....	66	6	298	42	32	66	60	45	76	57	24	230	28	72	9	56	25	86
45-53	Cancer and other Malignant Tumors.....	149	202	199	110	160	140	142	91	184	150	152	148	174	154	90	136	62	158
90-95	Diseases of the Heart.....	191	270	179	157	247	192	240	123	185	211	109	259	272	172	36	248	162	215
96,97, 99, 102	Diseases of the Arteries.....	113	123	30	55	156	165	120	78	152	170	43	99	120	126	36	80	25	153
107-109	Pneumonia (all forms).....	74	61	20	54	120	82	54	84	120	62	71	103	63	44	38	40	62	29
119	Diarrhoea (under 2 yrs. of age)*.....	2.1	.....	4	2	3	4	1	3	2	1	.....	3	3	3	9	3	5	0
130-132	Nephritis.....	63	135	99	42	40	77	54	136	60	46	123	66	32	49	66	54	104	75
158-161	Diseases of early Infancy*.....	25	29	35	22	22	35	26	29	25	50	23	23	25	14	45	30	29	17
176-198	Violent Deaths.....	73	74	89	84	120	69	49	32	92	93	43	53	60	59	45	56	37	57

*Rate expressed as number of deaths per 1000 live births.

PROVINCE OF NOVA SCOTIA

**TABLE M—BIRTH RATE, MATERNAL MORTALITY AND
INFANT MORTALITY (DEATHS UNDER 1 YEAR OF
AGE,) PROVINCE OF NOVA SCOTIA 1921-1940**

Year	No. of live Births	Rate per 1000 est. Population	Maternal Deaths		Infant Mortality	
			No. of Deaths	Death Rate*	No. of Infant Deaths	Death Rate*
1921	13,021	24.9	56	4.3	1,311	100.7
1922	12,693	24.0	70	5.5	1,239	97.6
1923	11,680	22.0	84	7.2	1,139	97.5
1924	11,801	22.1	78	6.6	1,118	94.7
1925	11,400	21.2	62	5.4	887	77.8
1926	10,980	20.3	51	4.6	882	80.3
1927	11,134	20.5	76	6.8	1,028	92.3
1928	10,931	20.0	57	5.2	865	79.1
1929	10,688	19.4	45	4.2	960	84.8
1930	11,346	22.1	76	6.7	937	82.6
1931	11,615	22.6	55	4.7	914	78.7
1932	11,629	22.4	53	4.5	849	73.0
1933	11,164	21.4	52	4.7	791	70.0
1934	11,407	21.7	71	6.2	807	71.0
1935	11,617	22.0	62	5.3	838	72.1
1936	11,808	22.0	51	4.3	781	66.1
1937	11,572	21.4	35	3.0	812	70.2
1938	12,241	23.9	51	4.2	754	61.6
1939	11,825	23.0	49	4.1	761	64.3
1940	12,856	22.9	54	4.2	802	62.4

*Number of deaths per 1000 live births.

PROVINCE OF NOVA SCOTIA

TABLE N—NUMBER OF DEATHS AND DEATH RATES FROM
TUBERCULOSIS PROVINCE OF NOVA SCOTIA 1921-1940

YEAR	Tuberculosis All Forms		Pulmonary Tuberculosis	
	No. of Deaths	Death Rate*	No. of Deaths	Death Rate*
1921	702	134	579	111
1922	695	131	562	106
1923	652	123	559	105
1924	665	125	550	103
1925	580	108	500	93
1926	644	119	508	94
1927	643	118	544	102
1928	571	104	478	87
1929	522	95	453	82
1930	548	106	470	91
1931	524	102	425	83
1932	519	101.1	437	84
1933	478	91.5	398	76
1934	467	88.9	386	74
1935	488	92.6	416	79
1936	485	90.3	401	75
1937	461	85.1	380	70
1938	415	75.7	348	63.5
1939	428	77.2	374	67.5
1940	415	73.8	336	59.8

*Number of deaths per 100,000 estimated population.

PROVINCE OF NOVA SCOTIA

TABLE O

Number of deaths and death
rates from Cancer 1921-1940

Year	No. of Deaths	Death Rate*
1921	480	91.6
1922	539	102.1
1923	529	99.8
1924	572	107.1
1925	540	100.6
1926	521	96.5
1927	556	102.4
1928	571	104.4
1929	538	97.8
1930	558	108.6
1931	594	115.8
1932	628	121.0
1933	638	122.2
1934	688	131.0
1935	617	117.1
1936	687	127.9
1937	715	132.3
1938	688	125.5
1939	730	142.3
1940	762	135.6

*Number of deaths per 100,000
estimated population.

TABLE I—GENERAL SUMMARY OF BIRTHS, DEATHS AND MARRIAGES IN NOVA SCOTIA BY COUNTIES, AND IN CITIES AND TOWNS OF 1,000 POPULATION AND OVER, 1940

	BIRTHS (Exclusive of Stillbirths)			DEATHS										Still- births	Marri- ages
	Total	Male	Female	All Ages			Under 1 Year		1 to 4 Years		5 Years and Over				
				Total	Male	Female	Male	Female	Male	Female					
Total for Province	12,856	6,544	6,312	6,239	3,399	2,840	450	352	72	81	2,877	2,407	365	6,401	
Counties:															
Annapolis.....	351	174	177	209	106	103	10	12	2	1	94	90	10	124	
Antigonish.....	317	158	159	186	99	87	4	11	5	.....	90	76	6	96
Cape Breton.....	2,857	1,451	1,406	951	543	408	118	78	20	19	405	311	89	1,190	
Colchester.....	586	311	275	345	183	162	19	25	4	5	160	134	26	389	
Cumberland.....	923	472	451	443	234	209	33	25	3	3	198	181	19	409	
Digby.....	456	217	239	221	121	100	15	13	1	1	105	86	11	188	
Guysboro.....	313	157	156	144	75	69	13	12	3	1	59	56	8	104	
Halifax.....	2,773	1,414	1,359	1,429	810	619	95	79	16	24	699	516	84	2,015	
Hants.....	496	258	238	262	141	121	23	15	3	.....	115	106	16	213
Inverness.....	391	205	186	238	130	108	14	15	3	.....	113	91	7	110
Kings.....	614	312	302	358	195	163	19	11	3	7	173	145	13	313	
Lunenburg.....	627	325	302	379	191	188	23	14	2	3	166	171	16	311	
Pictou.....	777	370	407	407	207	200	17	9	1	4	189	187	16	387	
Queens.....	286	153	133	106	53	53	6	8	1	3	46	42	16	103	
Richmond.....	202	114	88	86	51	35	7	6	.....	1	44	28	5	71
Shelburne.....	268	148	120	143	86	57	13	6	1	.....	72	51	6	109
Victoria.....	137	72	65	82	41	41	6	7	.....	2	35	32	3	38
Yarmouth.....	482	233	249	250	133	117	15	8	4	5	114	104	14	225	
Cities:															
Halifax.....	2,030	1,052	978	966	543	423	60	49	14	15	469	359	65	1,446	
Sydney.....	863	442	421	242	136	106	17	6	4	4	115	96	13	458	
Towns:															
Amherst.....	219	110	109	133	76	57	13	4	2	1	61	52	5	157	
Antigonish.....	253	127	126	98	52	46	3	6	5	.....	44	40	4	38
Bridgetown.....	15	8	7	17	6	11	1	1	.....	.....	5	10	.....	21
Bridgewater.....	161	86	75	90	47	43	9	3	.....	3	37	37	.....	88
Canso.....	32	19	13	21	10	11	1	1	.....	.....	9	10	1	25
Dartmouth.....	120	65	55	86	49	37	4	4	1	.....	44	35	3	201
Digby.....	103	46	57	41	24	17	5	2	1	.....	18	15	4	34
Dominion.....	22	11	11	8	6	2	4	1	.....	.....	2	1	1	9
Glace Bay.....	958	483	475	249	142	107	33	34	4	4	105	69	49	240	
Inverness.....	167	81	86	47	27	20	5	5	1	.....	21	15	3	13
Joggins.....	31	17	14	8	4	4	1	.....	.....	1	3	3	.....	10
Kentville.....	157	85	72	102	53	49	4	.....	2	1	47	44	4	130

Liverpool.....	140	71	69	28	15	13	4	2	1	2	10	9	6	37
Lunenburg.....	44	17	27	35	17	18	.....	.....	.....	.....	17	15	1	32
Mahone Bay.....	4	4	.....	16	8	8	.....	.....	.....	.....	8	8	.....	36
New Glasgow.....	526	240	286	137	63	74	6	5	1	1	56	68	12	121
New Waterford.....	267	139	128	73	41	32	14	10	2	2	25	20	7	136
North Sydney.....	221	116	105	89	49	40	15	6	2	2	32	32	9	108
Oxford.....	19	10	9	21	10	11	.....	2	.....	.....	10	9	.....	37
Parrsboro.....	35	18	17	24	11	13	.....	1	.....	.....	11	12	2	23
Pictou.....	65	33	32	44	25	19	2	.....	.....	1	23	18	1	41
Port Hawkesbury.....	8	3	5	6	5	1	1	.....	.....	1	4	.....	.....	16
Shelburne.....	26	14	12	11	5	6	1	.....	.....	.....	4	6	.....	30
Springhill.....	233	122	111	69	37	32	8	5	.....	.....	29	27	1	83
Stellarton.....	22	14	8	39	21	18	1	1	.....	.....	20	17	1	83
Sydney Mines.....	225	107	118	100	64	46	14	9	4	4	36	33	5	77
Trenton.....	13	5	8	27	15	12	.....	1	.....	1	13	10	.....	19
Truro.....	273	150	123	130	70	60	2	9	2	1	59	51	11	235
Wedgeport.....	28	8	20	11	7	4	1	1	.....	.....	6	2	.....	18
Westville.....	9	6	3	11	14	13	2	.....	.....	.....	12	13	.....	48
Windsor.....	183	93	90	27	39	35	8	.....	2	.....	29	30	6	89
Wolfville.....	91	46	45	74	21	24	2	5	.....	.....	18	21	4	40
Yarmouth.....	222	111	111	135	66	69	5	5	3	3	58	61	4	123

**TABLE 1A—BIRTHS IN THE PROVINCE OF NOVA SCOTIA
BY COUNTIES, 1940**

Counties (Including cities and Towns)	Sex		Still- births	Illegiti- mate births	Twins	Tri- plets	Total
	Male	Female					
Annapolis.....	174	177	10	23	2	.....	351
Antigonish.....	158	159	6	9	4	.....	317
Cape Breton.....	1,451	1,406	89	183	23	1	2,857
Colchester.....	311	275	26	34	5	.....	586
Cumberland.....	472	451	19	55	12	.....	923
Digby.....	217	239	11	29	3	.....	456
Guysborough.....	157	156	8	29	2	.....	313
Halifax.....	1,414	1,359	84	200	34	.....	2,773
Hants.....	258	238	16	39	3	.....	496
Inverness.....	205	186	7	17	4	.....	391
Kings.....	312	302	13	27	4	.....	614
Lunenburg.....	325	302	16	72	6	.....	627
Pictou.....	370	407	16	53	8	.....	777
Queens.....	153	133	16	26	5	.....	286
Richmond.....	114	88	5	13	1	.....	202
Shelburne.....	148	120	6	16	.....	.....	268
Victoria.....	72	65	3	15	.....	.....	137
Yarmouth.....	233	249	14	49	6	.....	482
Total.....	6,544	6,312	365	889	122	1	12,856

TABLE 1B—BIRTHS IN CITIES AND TOWNS OF NOVA SCOTIA, 1940

Cities and towns	Sex		Still births	Illegitimate births	Twins	Tri-plets	Total
	Male	Female					
Amherst.....	110	109	5	20	2		219
Antigonish.....	127	126	4	7	4		253
Bridgetown.....	8	7					15
Bridgewater.....	86	75	7	9	2		161
Canso.....	19	13	1	7			32
Dartmouth.....	65	55	3	2	2		120
Digby.....	46	57	4	7			103
Dominion.....	11	11	1				22
Glace Bay.....	483	475	49	36	10	1	958
Halifax.....	1052	978	65	155	27		2030
Inverness.....	81	86	3	4	1		167
Joggins.....	17	14		2			31
Kentville.....	85	72	4	8	3		157
Liverpool.....	71	69	6	12	3		140
Lunenburg.....	17	27	1	1	1		44
Mahone Bay.....	4			1			4
New Glasgow.....	240	286	12	33	7		526
New Waterford...	139	128	7	15	2		267
North Sydney.....	116	105	9	13			221
Oxford.....	10	9		2			19
Parrsboro.....	18	17	2	2	1		35
Pictou.....	33	32	1		1		65
Port Hawkesbury	3	5					8
Shelburne.....	14	12	1	3			26
Springhill.....	122	111	7	7	3		233
Stellarton.....	14	8	1	2			22
Sydney.....	442	421	13	83	5		863
Sydney Mines.....	107	118	5	20	2		225
Trenton.....	5	8		2			13
Truro.....	150	123	11	18	2		273
Wedgeport.....	8	20		2			28
Westville.....	6	3		2			9
Windsor.....	93	90	6	20	2		183
Wolfville.....	46	45	4	7			91
Yarmouth.....	111	111	4	30	2		222
Total.....	3,959	3,826	236	532	82	1	7,785

TABLE II—SINGLE AND MULTIPLE CONFINEMENTS AND LEGITIMATE AND ILLEGITIMATE BIRTHS
BY COUNTIES, 1940

Counties (Including cities and towns)	No. of Confinements				No. of Children					
	Total	Single	Twin	Triplets	Born alive		Stillborn			
					Total	Leg.	Illeg.	Total	Leg.	Illeg.
Annapolis.....	359	357	2	.....	351	328	23	10	9	1
Antigonish.....	318	313	5	.....	317	308	9	6	4	2
Cape Breton.....	2,918	2,891	26	1	2,857	2,674	183	89	87	2
Colchester.....	606	600	6	.....	586	552	34	26	23	3
Cumberland.....	930	918	12	.....	923	868	55	19	19	.....
Digby.....	462	457	5	.....	456	427	29	11	10	.....
Guysborough.....	319	317	2	.....	313	284	29	8	6	1
Halifax.....	2,823	2,789	34	.....	2,773	2,573	200	84	80	2
Hants.....	509	506	3	.....	496	457	39	16	14	4
Inverness.....	394	390	4	.....	391	374	17	7	6	2
Kings.....	623	619	4	.....	614	587	27	13	10	1
Lunenburg.....	636	629	7	.....	627	555	72	16	15	3
Pictou.....	785	777	8	.....	777	724	53	16	16	1
Queens.....	295	288	7	.....	286	260	26	16	16	.....
Richmond.....	206	205	1	.....	202	189	13	5	5	.....
Shelburne.....	274	274	.....	.....	268	252	16	6	5	1
Victoria.....	140	140	.....	.....	137	122	15	3	2	1
Yarmouth.....	490	484	6	.....	482	433	49	14	14	.....
Total.....	13,087	12,954	132	1	12,856	11,967	889	365	341	24

TABLE III—SINGLE AND MULTIPLE CONFINEMENTS AND LEGITIMATE AND ILLEGITIMATE BIRTHS
BY CITIES AND TOWNS, 1940

Cities and towns	Number of Confinements				Number of Children					
	Total	Single	Twin	Triplets	Born alive			Stillborn		Illeg.
					Total	Leg.	Illeg.	Total	Leg.	
Amherst.....	222	220	2	.....	219	199	20	5	5	.....
Antigonish.....	252	247	5	.....	253	246	7	4	2	2
Bridgetown.....	15	15	.....	.....	15	15	.....	.....	.....	.....
Bridgewater.....	165	162	3	.....	161	152	9	7	7	.....
Canso.....	33	33	.....	.....	32	25	7	1	.....	1
Dartmouth.....	121	119	2	.....	120	118	2	3	3	.....
Digby.....	105	103	2	.....	103	96	7	4	3	1
Dominion.....	23	23	.....	.....	22	22	.....	1	1	.....
Glace Bay.....	994	982	11	1	958	922	36	49	48	1
Halifax.....	2,068	2,041	27	.....	2,030	1,875	155	65	63	2
Inverness.....	169	168	1	.....	167	163	4	3	2	1
Joggins.....	31	31	.....	.....	31	29	2	.....	.....	.....
Kentville.....	158	155	3	.....	157	149	8	4	1	3
Liverpool.....	143	140	3	.....	140	128	12	6	6	.....
Lunenburg.....	44	43	1	.....	44	43	1	1	1	.....
Mahone Bay.....	4	4	.....	.....	4	3	1	.....	.....	.....
New Glasgow.....	531	524	7	.....	526	493	33	12	12	.....
New Waterford.....	271	268	3	.....	267	252	15	7	7	.....
North Sydney.....	230	230	.....	.....	221	208	13	9	9	.....
Oxford.....	19	19	.....	.....	19	17	2	.....	.....	.....
Parrsboro.....	36	35	1	.....	35	33	2	2	2	.....
Pictou.....	65	64	1	.....	65	65	.....	1	1	.....
Port Hawkesbury.....	8	8	.....	.....	8	8	.....	.....	.....	.....
Shelburne.....	27	27	.....	.....	26	23	3	1	1	.....
Springhill.....	237	234	3	.....	233	226	7	7	7	.....
Stellarton.....	23	23	.....	.....	22	20	2	1	1	.....
Sydney.....	870	864	6	.....	863	780	83	13	12	1

TABLE III—Continued.

Cities and towns	Number of Confinements				Number of Children					
	Total	Single	Twin	Triplets	Born alive			Stillborn		
					Total	Leg.	Illeg.	Total	Leg.	Illeg.
Sydney Mines.....	228	226	2	.....	225	205	20	5	5	.....
Trenton.....	13	13	.....	.....	13	11	2	.....	.....	.....
Truro.....	282	280	2	.....	273	255	18	11	11	.....
Wedgeport.....	28	28	.....	.....	28	26	2	.....	.....	.....
Westville.....	9	9	.....	.....	9	7	2	.....	.....	.....
Windsor.....	187	185	2	.....	183	163	20	6	6	.....
Wolfville.....	95	95	.....	.....	91	84	7	4	4	.....
Yarmouth.....	224	222	2	.....	222	192	30	4	4	.....
Total.....	7,930	7,840	89	1	7,785	7,253	532	236	224	12

**TABLE IV—PLURAL BIRTHS CLASSIFIED TO SHOW NUMBER
OF CHILDREN BORN ALIVE AND STILLBORN, BY SEX,
IN THE PROVINCE OF NOVA SCOTIA, 1940**

Classification of Births	Number
Twin Births.....	132
Two males (both living).....	30
One male and one female (both living).....	46
Two females (both living).....	46
One male living and one male stillborn	4
One male living and one female stillborn.....	1
One male stillborn and one female living.....	1
One female living and one female stillborn.....	2
Two males (both stillborn).....	1
Two females (both stillborn).....	1
Triplet Births.....	1
One male and two females (all living).....	1
Total Multiple Births.....	No. 133
	M. 119
	F. 148
Total Single Live Births	No. 12,601
	M. 6,432
	F. 6,169
Total Single Stillbirths	No. 353
	M. 215
	F. 138
Total Confinements.....	13,087

TABLE V—BIRTHS (EXCLUSIVE OF STILLBIRTHS) BY MONTHS, CLASSIFIED AS RURAL AND URBAN
IN THE PROVINCE OF NOVA SCOTIA, 1940

	Total	MONTHS											
		January	February	March	April	May	June	July	August	September	October	November	December
NOVA SCOTIA.....	12,856	943	922	1,165	1,036	1,153	1,142	1,152	1,090	1,127	1,016	982	1,128
Rural.....	386	386	382	480	458	501	462	424	398	398	407	362	413
Urban.....	7,785	557	540	685	578	652	680	728	692	729	609	620	715
ANNAPOLIS.....	351	33	24	27	31	34	30	39	19	23	22	31	38
Rural.....	336	32	24	27	31	34	29	37	19	22	21	28	32
Urban.....	15	1	.....	.....	.....	.....	1	2	.....	1	1	3	6
Bridgetown—t.....	15	1	.....	.....	.....	.....	1	2	.....	1	1	3	6
ANTIGONISH.....	317	26	14	29	31	27	27	22	20	31	34	27	29
Rural.....	64	2	3	7	9	7	6	2	5	4	6	7	6
Urban.....	253	24	11	22	22	20	21	20	15	27	28	20	23
Antigonish—t.....	253	24	11	22	22	20	21	20	15	27	28	20	23
CAPE BRETON.....	2,857	179	191	261	210	266	253	247	258	272	225	217	278
Rural.....	301	21	18	33	22	44	32	20	25	21	19	20	26
Urban.....	2,556	158	173	228	188	222	221	227	233	251	206	197	252
Sydney—c.....	863	52	55	76	56	81	65	78	86	78	75	65	96
Dominion—t.....	22	.....	1	2	3	2	2	1	2	3	1	3	2
Glace Bay—t.....	958	62	76	95	60	81	82	79	84	100	74	76	89
New Waterford—t.....	267	15	22	18	29	21	19	23	27	33	14	19	27
North Sydney—t.....	221	12	12	15	20	11	26	22	18	21	23	19	22
Sydney Mines—t.....	225	17	7	22	20	26	27	24	16	16	19	15	16
COLCHESTER.....	586	37	47	54	41	54	45	64	34	55	53	52	50
Rural.....	313	16	28	34	21	28	32	27	23	26	30	22	26
Urban.....	273	21	19	20	20	26	13	37	11	29	23	30	24
Truro—t.....	273	21	19	20	20	26	13	37	11	29	23	30	24

CUMBERLAND	923	57	74	85	88	95	90	85	82	74	65	55	73
Rural	386	21	25	37	36	47	44	40	27	29	23	24	33
Urban	537	36	49	48	52	48	46	45	55	45	42	31	40
Amherst—t.	219	10	24	20	22	18	15	20	18	24	12	20	16
Joggins—t.	31	1	2	1	7	5	2	2	2	3	4	1	3
Oxford—t.	19	2	1	1	3	2	1	2	2	1	1	2	1
Parrsboro—t.	35	2	3	3	3	2	3	2	4	4	4	1	4
Springhill—t.	233	21	19	23	17	21	25	21	29	13	21	7	16
DIGBY	456	33	35	57	39	48	28	42	40	29	46	32	27
Rural	353	29	26	43	34	39	18	31	31	19	40	21	22
Urban	103	4	9	14	5	9	10	11	9	10	6	11	5
Digby—t.	103	4	9	14	5	9	10	11	9	10	6	11	5
GUYSBOROUGH	313	27	26	29	34	33	32	24	19	19	29	21	20
Rural	281	26	24	25	32	30	28	20	16	17	27	18	18
Urban	32	1	2	4	2	3	4	4	3	2	2	3	2
Canso t.	32	1	2	4	2	3	4	4	3	2	2	3	2
HALIFAX	2,773	219	193	241	209	223	241	252	241	271	212	199	272
Rural	623	52	43	47	54	58	58	62	52	60	51	33	53
Urban	2,150	167	150	194	155	165	183	190	189	211	161	166	219
Halifax—c.	2,030	158	142	185	146	160	173	178	174	198	149	159	208
Dartmouth—t.	120	9	8	9	9	5	10	12	15	13	12	7	11
HANTS	496	44	44	49	44	42	46	40	42	37	35	46	27
Rural	313	29	30	31	30	23	31	19	22	23	23	32	20
Urban	183	15	14	18	14	19	15	21	20	14	12	14	7
Windsor—t.	183	15	14	18	14	19	15	21	20	14	12	14	7
INVERNESS	391	22	25	32	45	28	29	39	35	29	33	37	37
Rural	216	12	17	22	26	10	13	16	20	20	19	21	20
Urban	175	10	8	10	19	18	16	23	15	9	14	16	17
Inverness—t.	167	9	6	10	19	17	16	22	14	9	14	14	17
Port Hawkesbury—t.	8	1	2	10	19	1	16	22	1	9	14	2	17
KINGS	614	40	44	56	69	40	55	49	52	45	45	62	57
Rural	366	23	33	44	42	26	32	26	27	27	23	29	34
Urban	248	17	11	12	27	14	23	23	25	18	22	33	23
Kentville—t.	157	11	10	7	16	11	16	11	12	12	12	24	15
Wolfville—t.	91	6	1	5	11	3	7	12	13	6	10	9	8

TABLE V—Births (exclusive of stillbirths) by months, classified as rural and urban in the province of Nova Scotia, 1940

	Total	MONTHS											
		January	February	March	April	May	June	July	August	September	October	November	December
LUNENBURG.....	627	49	46	53	42	68	66	57	55	50	45	46	50
Rural.....	418	30	32	35	31	42	47	34	37	32	28	34	36
Urban.....	209	19	14	18	11	26	19	23	18	18	17	12	14
Bridgewater—t.....	161	16	12	15	7	19	10	19	17	14	13	10	9
Lunenburg—t.....	44	3	2	3	3	7	8	4	1	4	2	2	5
Mahone Bay—t.....	4				1		1				2		
PICTOU.....	777	69	65	62	59	53	70	61	78	81	57	59	63
Rural.....	142	17	12	11	14	5	11	7	13	17	11	11	13
Urban.....	635	52	53	51	45	48	59	54	65	64	46	48	50
New Glasgow—t.....	526	44	44	40	38	41	48	45	53	56	40	38	39
Pictou—t.....	65	6	7	6	5	3	5	4	7	4	4	6	8
Stellarton—t.....	22	1	2	1	1	1	4	1	3	2	1	2	3
Trenton—t.....	13	1		3	1	1	1	3		1	1	1	
Westville—t.....	9			1		2	1	1		1		1	
QUEENS.....	286	23	21	32	23	29	27	27	24	14	19	21	26
Rural.....	146	13	15	16	16	18	14	11	6	7	6	8	16
Urban.....	140	10	6	16	7	11	13	16	18	7	13	13	10
Liverpool—t.....	140	10	6	16	7	11	13	16	18	7	13	13	10
Richmond.....	202	17	12	20	7	24	13	13	21	20	24	14	17
Rural.....	202	17	12	20	7	24	13	13	21	20	24	14	17
SHELBURNE.....	268	19	18	25	17	23	26	29	23	28	25	16	19
Rural.....	242	15	17	22	17	21	21	25	21	27	25	15	16
Urban.....	26	4	1	3		2	5	4	2	1		1	3
Shelburne—t.....	26	4	1	3		2	5	4	2	1		1	3
VICTORIA.....	137	16	9	10	10	12	9	13	13	13	8	11	13
Rural.....	137	16	9	10	10	12	9	13	13	13	8	11	13
YARMOUTH.....	482	33	34	43	37	54	55	49	34	36	39	36	32
Rural.....	232	15	14	16	26	33	24	21	20	14	23	14	12
Urban.....	250	18	20	27	11	21	31	28	14	22	16	22	20
Wedgeport—t.....	28		3	3	2	3	2	3		3	2	2	5
Yarmouth—t.....	222	18	17	24	9	18	29	25	14	19	14	20	15

TABLE VI—TOTAL LIVE BIRTHS AND LIVE BIRTHS IN INSTITUTIONS SHOWING THE NUMBER OF MOTHERS NON-RESIDENT IN THE PROVINCE OF NOVA SCOTIA, 1940

	All Live Births		In Institutions	
	Total	Mothers Non-resident in Province	Total	Mothers Non-resident in Province
Total for the Province	12,856	63	5,674	33

**TABLE VII—BIRTHS (EXCLUSIVE OF STILLBIRTHS) TO RESIDENT AND NON-RESIDENT MOTHERS
AND BIRTHS IN INSTITUTIONS IN CITIES AND TOWNS OF 5,000 POPULATION AND
OVER IN THE PROVINCE OF NOVA SCOTIA, 1940**

CITIES and TOWNS	All births				Births in Institutions				Births elsewhere than in Ins.			
	Total	Resi- dent mothers	Mothers non-resident in city or town where birth occurred and		Total	Resi- dent mothers	Mothers non-resident in city or town where birth occurred and		Total	Resi- dent mothers	Mothers non-resident in city or town where birth occurred and	
			Resi- dent in prov.	Non-re- sident in prov.			Resi- dent in prov.	Non- resident in prov.			Resi- dent in prov.	Non- resident in prov.
Cities	2,030	1,478	534	18	1,469	935	518	16	561	543	16	2
Halifax.....	863	723	140	.....	595	458	137	.....	268	265	3	.....
Towns												
Amherst.....	219	183	30	6	52	22	24	6	167	161	6	.....
Dartmouth.....	120	114	5	1	.....	.....	.....	.....	120	114	5	1
Glace Bay.....	958	745	213	.....	860	649	211	.....	98	96	2	.....
New Glasgow.....	526	163	361	2	471	113	357	1	55	50	4	1
New Waterford.....	267	230	37	.....	164	127	37	.....	103	103	.....	.....
North Sydney.....	221	149	72	.....	103	36	67	.....	118	113	5	.....
Springhill.....	233	153	78	2	207	128	77	2	26	25	1	.....
Stellarton.....	22	22	.....	.....	.....	.....	.....	.....	22	22	.....	.....
Sydney Mines.....	225	214	11	.....	9	5	4	.....	216	209	7	.....
Truro.....	273	182	88	3	159	77	79	3	114	105	9	.....
Yarmouth.....	222	150	72	.....	128	60	68	.....	94	90	4	.....

TABLE IX—BIRTHS (EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORDING TO RACIAL ORIGIN OF PARENTS
NOVA SCOTIA, 1940

Racial Origin of father	Racial Origin of Mother																			
	Total	English	Irish	Scottish	Welsh	French	Armenian	Austrian	Belgian	Bulgarian	Chinese	Czech and Slovak	Danish	Dutch	Finnish	German	Greek	Hindu	Hungarian	Icelandic
Jewish	33	2				1														
Negro	197	6	2	1	1	2														
Norwegian	11	7	6	10		5			2			1		1				2		
Polish	62	5				1														
Roumanian	7	3				1														
Russian	12	5				1														
Serb and Croat	1																			
Swedish	17	5	3	6		2														
Swiss	20	4	4	7		1														
Syrian	41	3	9	8		3														
Ukrainian (1)	20		2	4		3														
Other	12	4	4	2		1						2		1		2		1		
Not Specified	13	3	1	2		1														
Children born to married mothers	11967	5304	1291	2705	42	1548		522	1	13	14	328	2	221	4	8	5	3	3	52
T.	6083	2676	655	1404	18	786		13		7	7	174	1	115	2	5	81	15	15	24
M.	5884	2628	636	1301	24	762		5	9	6	7	154	1	106	2	3	109	18	18	28
F.																				
Children born to unmarried mothers	889	320	80	200	3	133			1	1	1		2	36			82			7
T.	461	167	35	113	2	65			1	1	1		24	3		3	42			3
M.	428	153	45	87	1	68			1	1	1		12	10		4	40			4
F.																				
Children born to all mothers	12856	5624	1371	2905	45	1681		523	2	11	16	364	2	234	4	8	33	272	33	59
T.	6544	2843	690	1517	20	851		13	1	7	7	198	1	118	2	5	16	151	27	27
M.	6312	2781	681	1388	25	830		510	1	6	9	166	1	116	2	3	17	149	18	32
F.																				

(1) —Including "Galician" and "Bukovinian."

TABLE X—Continued

Racial Origin of Mother	AGE OF MOTHER																										50 and over	Not stated										
	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37			38	39	40	41	42	43	44	45	46	47
Total	1	5	38	130	333	487	616	629	756	804	789	737	751	728	640	578	589	436	449	391	348	303	273	232	209	206	146	105	97	63	47	30	11	8	1	1		
Polish	48					1	3	2	2	4	5	4	4	3	2	2	3	3	1		1		3			1			2									
Roumanian	5									2		1						1	1																			
Russian	4									1					1							1																
Serb and Croat																										1												
Swedish	16							1	1		2			1	1	1	2	2		1		1		2														
Swiss	10						1	1	1				1	1	2								1		1													
Syrian	29										1	2	2	3	1	3	1	4	2	2	1		1			1												
Ukrainian (1)	16						1	1	2	1	2	3	1	1	1	1	1		1	1						1												
Other	10							2			1		1	1	1	1											1	1										
Not specified	10						1		1						2	1			1		2																	
Total	11,967	1	5	38	130	333	487	616	629	756	804	789	737	751	728	640	578	589	436	449	391	348	303	273	232	209	206	146	105	97	63	47	30	11	8	1	1	

(1) Including "Galician" and "Bukovinian"

BRITISH POSSESSIONS.....	459	4	257	3	3	2	1	1	1	8	1	1	162	5	1	1	1	1	1	5	2																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Newfoundland.....	432	4	244	2	3	1	1	1	1	6	1	1	161	1	1	1	1	1	1	4	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
Other.....	27		13	1	1	1	1	1	1	2			1	5					1	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
EUROPE.....	174		91	5	4	2	1	1	2				6	2	4	3	4	2	1	4	7	13	1	6	10																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																							</

(1) Including the Ukraine

TABLE XIII—DEATHS OF CHILDREN UNDER ONE YEAR (EXCLUSIVE OF STILLBIRTHS) IN THE PROVINCE OF NOVA SCOTIA BY MONTHS CLASSIFIED AS RURAL AND URBAN, 1940

	MONTHS												Total
	January	February	March	April	May	June	July	August	September	October	November	December	
Nova Scotia.....	76	77	92	60	64	57	52	47	50	59	58	110	802
Rural.....	37	35	43	26	29	27	25	19	17	27	25	53	363
Urban.....	39	42	49	34	35	30	27	28	33	32	33	57	439
Annapolis.....	2	1	2	4	3	1	.....	2	3	.....	.....	4	22
Rural.....	2	1	2	4	3	1	.....	2	2	.....	.....	3	20
Urban.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1	2
Bridgetown—t.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	1	2
Antigonish.....	.....	.....	.....	3	2	2	1	1	1	.....	.....	2	15
Rural.....	.....	.....	.....	1	1	1	1	.....	.....	.....	.....	.....	6
Urban.....	.....	.....	.....	2	1	1	.....	1	.....	.....	.....	.....	9
Antigonish—t.....	.....	.....	.....	2	1	1	.....	1	1	.....	.....	.....	9
Cape Breton.....	9	20	21	14	21	15	12	21	15	17	16	15	196
Rural.....	.....	4	3	3	6	2	2	3	.....	1	6	3	33
Urban.....	9	16	18	11	15	13	10	18	15	16	10	12	163
Sydney—c.....	1	2	6	3	1	1	1	2	2	1	2	1	23
Dominion—t.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....	1	1	5
Glace Bay—t.....	2	5	3	5	7	6	5	1	7	12	1	1	67
New Waterford—t.....	3	4	1	.....	3	1	1	6	2	1	4	.....	24
North Sydney—t.....	.....	4	3	1	3	1	2	3	1	1	.....	.....	21
Sydney Mines—t.....	3	1	5	2	1	3	1	1	2	1	1	.....	23
Colchester.....	3	3	5	2	.....	2	2	1	2	9	5	.....	42
Rural.....	1	1	4	.....	.....	2	1	1	2	5	3	.....	24
Urban.....	2	2	1	2	.....	.....	1	1	1	4	2	.....	18
Truro—t.....	2	2	1	2	.....	.....	1	.....	1	4	2	.....	18

Cumberland.....	58	1	8	5	3	5	7	2	.....	5	3	8	11
Rural.....	24	1	3	2	1	3	4	1	.....	2	1	1	5
Urban.....	34	.....	5	3	2	2	3	1	.....	3	2	7	6
Amherst—t.....	17	.....	1	1	1	2	2	.....	.....	.....	.....	7	2
Joggins—t.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Oxford—t.....	2	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Parrsboro—t.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Springhill—t.....	13	.....	3	.....	1	.....	1	.....	.....	.....	.....	.....	.....
Digby.....	28	7	1	3	5	.....	3	1	.....	1	.....	3	4
Rural.....	21	7	1	4	3	.....	2	.....	.....	.....	.....	2	2
Urban.....	7	.....	1	3	2	.....	1	.....	.....	.....	.....	1	1
Digby—t.....	7	.....	.....	1	2	.....	1	.....	.....	.....	.....	1	1
Guysborough.....	25	2	6	5	1	.....	2	3	.....	.....	3	1	2
Rural.....	23	2	4	5	1	.....	2	3	.....	.....	3	1	2
Urban.....	2	.....	2	.....	.....	.....	2	.....	.....	.....	.....	.....	.....
Canso—t.....	2	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Halifax.....	174	22	14	18	12	9	6	11	.....	12	18	10	35
Rural.....	59	7	7	2	3	3	.....	4	.....	5	9	4	14
Urban.....	115	15	7	16	9	6	6	7	.....	7	9	6	21
Halifax—c.....	109	14	6	14	9	6	6	6	.....	7	9	5	21
Dartmouth—t.....	6	1	1	2	.....	.....	.....	1	.....	.....	.....	1	.....
Hants.....	38	5	3	7	2	4	2	1	.....	4	2	1	7
Rural.....	25	3	2	5	1	1	2	.....	.....	3	1	1	6
Urban.....	13	2	1	2	1	3	.....	1	.....	1	1	.....	1
Windsor—t.....	13	2	1	2	1	3	.....	1	.....	1	1	.....	1
Inverness.....	29	2	5	5	2	3	3	.....	.....	1	1	1	6
Rural.....	18	2	2	3	1	3	2	.....	.....	.....	.....	1	4
Urban.....	11	.....	3	2	1	.....	1	.....	.....	1	.....	1	2
Inverness—t.....	10	.....	3	1	1	.....	1	.....	.....	1	.....	1	2
Port Hawkesbury—t.....	1	.....	3	1	1	.....	1	.....	.....	.....	.....	.....	.....
Kings.....	30	4	4	3	3	2	4	2	.....	.....	1	2	3
Rural.....	19	2	2	2	2	1	3	.....	.....	.....	1	1	3
Urban.....	11	2	2	1	1	1	1	2	.....	.....	.....	1	.....
Kentville—t.....	8	2	1	1	1	1	1	1	.....	.....	.....	1	.....
Wolfville—t.....	3	.....	1	1	1	.....	1	1	.....	.....	.....	.....	.....

TABLE XIII—DEATHS OF CHILDREN UNDER ONE YEAR—Continued

	Total	MONTHS											
		January	February	March	April	May	June	July	August	Sept- ember	October	November	December
Lunenburg.....	37	4	3	2	2	4	4	5	4	3	2	1	3
Rural.....	22	2	2	1	1	3	2	3	3	2	2	.....	1
Urban.....	15	2	1	1	1	1	2	2	1	1	.....	.....	1
Bridgewater—t.....	12	1	.....	1	1	1	2	2	1	1	.....	1	1
Lunenburg—t.....	3	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Mahone Bay—t.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pictou.....	26	3	1	4	.....	3	.....	2	3	2	.....	2	6
Rural.....	6	2	.....	2	.....	.....	.....	.....	1	.....	.....	.....	1
Urban.....	20	1	1	2	.....	3	.....	2	2	2	.....	2	5
New Glasgow—t.....	11	.....	.....	.....	.....	2	.....	1	2	1	.....	1	4
Pictou—t.....	2	.....	.....	1	.....	.....	.....	.....	.....	1	.....	.....	.....
Stellarton—t.....	2	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Trenton—t.....	3	1	.....	1	.....	.....	.....	1	.....	.....	.....	.....	.....
Westville—t.....	2	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	1	.....
Queens.....	14	3	1	.....	1	2	1	3	.....	.....	1	1	2
Rural.....	8	1	.....	.....	.....	1	.....	3	.....	.....	1	.....	2
Urban.....	6	2	1	.....	1	1	1	3	.....	.....	1	.....	.....
Liverpool—t.....	6	2	1	.....	1	1	1	.....	.....	.....	.....	.....	.....
Richmond.....	13	3	.....	3	.....	2	.....	.....	2	.....	.....	2	1
Rural.....	13	3	.....	3	.....	2	.....	.....	2	.....	.....	2	1
Shelburne.....	19	1	3	2	2	1	2	3	.....	1	2	1	1
Rural.....	18	1	3	2	2	.....	2	3	.....	1	2	1	1
Urban.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Shelburne—t.....	1	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Victoria.....	13	1	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Rural.....	13	1	2	2	2	2	2	1	1	.....	.....	.....	.....
Yarmouth.....	23	4	2	4	2	1	1	3	2	.....	.....	2	2
Rural.....	11	.....	1	2	1	.....	.....	3	2	.....	.....	1	1
Urban.....	12	4	1	2	1	1	1	3	2	.....	.....	1	1
Wedgeport—t.....	2	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Yarmouth—t.....	10	3	1	2	1	1	1	.....	.....	.....	.....	1	.....

TABLE XIV—TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS OF CHILDREN UNDER ONE YEAR OF AGE, SHOWING THE NUMBER NON-RESIDENT IN THE PROVINCE OF NOVA SCOTIA, 1940

	All deaths under one year				In Institutions			
	Total		Non-resident in province		Total		Non-resident in province	
	Total	M.	F.	Total	M.	F.	Total	F.
Total for the province	802	450	352	1	1		250	99

TABLE XV—TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS OF CHILDREN UNDER ONE YEAR OF AGE CLASSIFIED ACCORDING TO RESIDENCE OF DECEDENTS IN CITIES AND TOWNS OF 5,000 POPULATION AND OVER, IN THE PROVINCE OF NOVA SCOTIA, 1940

Cities and Towns	All deaths under one year						Deaths in institutions						Deaths elsewhere than in institutions					
	Total			Residents			Non-resident in city or town where death occurred and			Total			Residents			Non-resident in city or town where death occurred and		
	Non-resident in city or town where death occurred and			Resident in Province			Total			Residents			Non-resident in city or town where death occurred and			Resident in Province		
	T.	M	F	T.	M	F	T.	M	F	T.	M	F	T.	M	F	T.	M	F
Cities:																		
Halifax.....	109	60	49	85	50	35	24	10	14	55	36	19	22	9	13	30	14	16
Sydney.....	23	17	6	20	16	4	3	1	2	11	9	2	3	1	2	9	7	2
Towns:																		
Amherst.....	17	13	4	16	12	4	1	1		5	4	1	1	1		11	8	3
Dartmouth.....	6	4	2	6	4	2										6	4	2
Glace Bay.....	67	33	34	59	29	30	8	4	4	32	17	15	8	4	4	27	12	15
New Glasgow.....	11	6	5	4	1	3	7	5	2	2	2		7	5	2	2	1	1
New Waterford..	24	14	10	17	8	9	7	6	1	5	4	1	7	6	1	12	4	8
North Sydney....	21	15	6	18	13	5	3	2	1	2	2		3	2	1	16	11	5
Springhill.....	13	8	5	11	8	3	2	2		10	7	3	2	2		1	1	1
Stellarton	2	1	1	2	1	1										2	1	1
Sydney Mines....	23	14	9	23	14	9										23	14	9
Truro.....	18	9	9	15	8	7	3	1	2	2	2		2	1	1	14	6	8
Yarmouth	10	5	5	6	3	3	4	2	2	3	1	2	4	2	2	3	2	1

Table XVI—Deaths of children under one year (exclusive of stillbirths) by age at death, in the province of Nova Scotia, 1940

AGES		Total
All infants.....	T.	802
	M.	450
	F.	352
Under 1 day.....	T.	133
	M.	74
	F.	59
1 day.....	T.	37
	M.	28
	F.	9
2 days.....	T.	44
	M.	26
	F.	18
3 days.....	T.	28
	M.	16
	F.	12
4 days.....	T.	23
	M.	9
	F.	14
5 days.....	T.	13
	M.	9
	F.	4
6 days.....	T.	13
	M.	5
	F.	8
Under 1 week.....	T.	291
	M.	167
	F.	124
1 week and under 2 weeks.....	T.	45
	M.	25
	F.	20
2 weeks and under 3 weeks.....	T.	29
	M.	18
	F.	11
3 weeks and under 1 month.....	T.	25
	M.	17
	F.	8
Under 1 month.....	T.	390
	M.	227
	F.	163
1 month and under 2 months.....	T.	86
	M.	40
	F.	46
2 months and under 3 months.....	T.	79
	M.	46
	F.	33

**Table XVI—Deaths of children under one year (exclusive of still-births) by age at death, in the province of Nova Scotia
1940—Continued**

AGES		Total
3 months and under 4 months.....	T.	63
	M.	35
	F.	28
4 months and under 5 months	T.	46
	M.	26
	F.	20
5 months and under 6 months	T.	26
	M.	11
	F.	15
6 months and under 7 months	T.	32
	M.	23
	F.	9
7 months and under 8 months.....	T.	24
	M.	16
	F.	8
8 months and under 9 months.....	T.	19
	M.	9
	F.	10
9 months and under 10 mos.....	T.	12
	M.	5
	F.	7
10 months and under 11 mos.....	T.	16
	M.	9
	F.	7
11 months and under 12 mos.....	T.	9
	M.	3
	F.	6

**TABLE XVII—DEATHS OF CHILDREN UNDER ONE YEAR
(EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORD-
ING TO RACIAL ORIGIN OF DECEDENTS, IN THE
PROVINCE OF NOVA SCOTIA, 1940**

Racial Origin	Total
All origins.....	802
English.....	358
Irish.....	86
Scottish.....	185
Welsh.....	
French.....	89
Armenian.....	2
Austrian.....	
Belgian.....	1
Bulgarian.....	
Chinese.....	
Czech and Slovak.....	
Danish.....	
Dutch.....	5
Finnish.....	1
German.....	14
Greek.....	
Hindu.....	
Hungarian.....	3
Icelandic.....	
Indian.....	6
Italian.....	2
Japanese.....	
Jewish.....	1
Negro.....	38
Norwegian.....	1
Polish.....	4
Roumanian.....	
Russian.....	1
Serb and Croat.....	
Swedish.....	
Swiss.....	1
Syrian.....	1
Ukranian (1).....	1
Other.....	
Not specified.....	2

(1) Including "Galician" and "Bukovnian"

TABLE XX—(Continued)

Int. list Number	Causes of Death	Age at Death																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
		Total under 1 year			Under 1 day		1 day and under 1 week		1 week and un- der 2 weeks		2 weeks and un- der 3 weeks		3 weeks and un- der 1 month		1 month and un- der 2 months		2 months and under 3 months		3 months and under 4 months		4 months and under 5 months		5 months and under 6 months		6 months and under 7 months		7 months and under 8 months		8 months and under 9 months		9 months and under 10 months		10 months and under 11 months		11 months and under 12 months																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
		T	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F

(1) No doctor in attendance

**TABLE XXII—DEATHS OCCURRING IN COUNTIES IN
NOVA SCOTIA, 1940**

Counties (Including Cities and Towns)	Sex		Social Condition					Total
	Male	Female	Single	Married	Widowed	Divorced	Unknown	
Annapolis.....	106	103	59	81	69			209
Antigonish.....	99	87	73	77	36			186
Cape Breton.....	543	408	408	351	189		3	951
Colchester.....	183	162	97	131	113	2	2	345
Cumberland.....	234	209	127	172	143	1		443
Digby.....	121	100	63	95	63			221
Guysborough.....	75	69	54	49	41			144
Halifax.....	810	619	519	547	347	6	10	1429
Hants.....	141	121	102	81	78	1		262
Inverness.....	130	108	93	81	63		1	238
Kings.....	195	163	117	144	96	1		358
Lunenburg.....	191	188	86	154	137	1	1	379
Pictou.....	207	200	127	158	122			407
Queens.....	53	53	31	37	37	1		106
Richmond.....	51	35	31	33	21		1	86
Shelburne.....	86	57	45	49	49			143
Victoria.....	41	41	30	19	33			82
Yarmouth.....	133	117	82	103	65			250
Total.....	3399	2840	2144	2362	1702	13	18	6239

**TABLE XXIII—DEATHS OCCURRING IN CITIES AND TOWNS
OF NOVA SCOTIA, 1940**

Cities and Towns	Sex		Social Condition					Total
	Male	Female	Single	Married	Widowed	Divorced	Unknown	
Amherst.....	76	57	37	59	37			133
Antigonish.....	52	46	48	46	4			98
Bridgetown.....	6	11	6	5	6			17
Bridgewater.....	47	43	32	37	20	1		90
Canso.....	10	11	4	11	6			21
Dartmouth.....	49	37	21	34	31			86
Digby.....	24	17	13	22	6			41
Dominion.....	6	2	6	1	1			8
Glace Bay.....	142	107	110	89	50			249
Halifax.....	543	423	354	371	226	5	10	966
Inverness.....	27	20	22	15	10			47
Joggins.....	4	4	2	3	3			8
Kentville.....	53	49	43	43	16			102
Liverpool.....	15	13	11	9	7	1		28
Lunenburg.....	17	18	11	15	9			35
Mahone Bay.....	8	8	1	4	11			16
New Glasgow.....	63	74	44	50	43			137
New Waterford.....	41	32	40	24	9			73
North Sydney.....	49	40	37	32	20			89
Oxford.....	10	11	4	10	7			21
Parrsboro.....	11	13	7	8	8	1		24
Pictou.....	25	19	15	19	10			44
Port Hawkesbury.....	5	1	3	2	1			6
Shelburne.....	5	6	4	4	3			11
Springhill.....	37	32	22	25	22			69
Stellarton.....	21	18	7	24	8			39
Sydney.....	136	106	79	112	48		3	242
Sydney Mines.....	54	46	51	37	12			100
Trenton.....	15	12	10	11	6			27
Truro.....	70	60	37	49	42	1	1	130
Wedgeport.....	7	4	3	5	3			11
Westville.....	14	13	4	8	15			27
Windsor.....	39	35	28	23	23			74
Wolfville.....	21	24	14	12	18	1		45
Yarmouth.....	66	69	48	54	33			135
Total.....	1768	1481	1178	1273	774	10	14	3249

TABLE XXIV—AGES AT WHICH DEATHS OCCURRED IN THE PROVINCE OF NOVA SCOTIA, BY COUNTIES, 1940

COUNTIES (Including cities and towns)	Under 1 Year		1		2		3		4		5-9		10-14		15-19		20-29		30-39		40-49		50-59		60-69		70-79		80-89		90-99		100 and over		Not stat- ed	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Annapolis.....	10	12	1	1	1	1	1	1	1	1	1	1	3	3	1	7	2	3	1	2	2	5	8	14	13	30	23	30	6	7	209					
Antigonish.....	4	11	3	1	1	1	1	1	1	1	1	1	3	3	3	7	8	4	4	8	5	9	7	18	10	19	15	1	3	1	186					
Cape Breton.....	118	78	5	8	11	4	1	7	3	6	9	4	2	8	12	21	31	31	22	38	23	64	45	93	45	70	56	57	52	12	11	3	951			
Colchester.....	19	23	2	2	2	2	2	1	1	3	1	1	1	1	3	5	8	7	4	7	11	18	13	24	17	51	39	35	25	8	12	345				
Cumberland.....	33	25	1	1	2	2	2	1	1	3	2	2	2	6	2	6	4	8	6	12	12	21	13	42	27	54	53	40	46	4	14	443				
Digby.....	15	13	1	1	1	1	1	1	1	2	1	1	1	4	...	6	6	7	3	4	2	4	8	15	16	31	26	17	4	7	1	221				
Guysboro.....	13	12	1	1	2	1	1	1	1	1	1	1	1	2	...	6	2	6	1	1	2	3	5	11	11	15	17	12	16	2	2	144				
Halifax.....	95	79	6	13	5	4	3	2	2	5	9	8	10	9	17	5	47	42	29	70	41	97	52	159	93	126	126	97	85	19	25	1	1429			
Hants.....	23	15	1	1	1	1	1	1	1	1	1	1	2	2	4	5	4	3	9	5	1	9	8	26	16	36	29	22	27	4	8	262				
Inverness.....	14	15	1	1	1	1	1	1	1	1	2	1	1	2	2	5	6	5	7	8	7	7	4	19	14	28	26	30	14	8	8	1	238			
Kings.....	19	11	3	3	3	3	1	1	1	3	1	1	2	6	3	7	21	11	14	17	8	19	10	26	22	44	30	32	23	6	11	1	358			
Lunenburg.....	23	14	2	3	3	3	...	...	...	3	3	1	1	1	...	5	6	4	5	3	10	13	16	42	23	51	46	37	46	6	15	1	379
Pictou.....	17	9	1	3	3	3	...	...	...	1	2	3	1	2	5	9	14	14	9	12	15	20	17	40	28	47	29	34	53	7	13	1	407
Queens.....	6	8	...	1	1	2	...	...	...	1	1	...	1	2	1	...	...	...	2	4	3	2	5	1	8	9	10	14	12	2	2	2	106
Richmond.....	7	6	...	1	...	...	...	...	...	...	1	...	...	...	...	4	1	1	1	...	1	3	2	3	5	...	13	6	14	13	3	2	86
Shelburne.....	13	6	1	...	...	...	...	...	...	...	2	...	1	2	...	3	3	1	2	3	3	4	3	15	8	15	10	21	17	5	4	...	143
Victoria.....	6	7	...	...	...	...	...	2	...	...	...	...	...	...	...	1	...	1	...	...	1	2	1	7	4	7	10	11	10	6	6	...	82
Yarmouth.....	15	8	3	2	1	1	1	1	1	1	1	1	1	2	5	6	8	4	8	11	4	12	9	28	14	26	27	19	18	4	10	...	250			
Total	450	352	31	36	23	19	11	16	7	10	40	31	26	24	63	46	150	166	160	128	204	153	314	223	370	592	673	578	543	519	107	160	2	9	3	6239

TABLE XXV—AGES AT WHICH DEATHS OCCURRED IN CITIES AND TOWNS OF NOVA SCOTIA, 1939

Cities and Towns	Under 1 year		1 yr		2 yrs		3 yrs		4 yrs		5-9 yrs		10-14 yrs		15-19 yrs		20-29 yrs		30-39 yrs		40-49 yrs		50-59 yrs		60-69 yrs		70-79 yrs		80-89 yrs		90-99 yrs		100 and over		Total	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Amherst	13	4	1																																	
Antigonish	3	6	3																																	
Bridgetown	1	1																																		
Bridgewater	9	3	1	3																																
Canso	1	1																																		
Dartmouth	4	2	1																																	
Digby	5	2																																		
Dominion	4	1																																		
Glace Bay	33	34	1	1	2	1																														
Halifax	60	49	4	7	5	4	3	1	2	3	6	7	9	7	11	3	29	31	37	21	49	31	79	40	118	66	74	93	52	45	5	15				
Inverness	5	5																																		
Joggins	1																																			
Kentville	4	4	2	1																																
Liverpool	4	2																																		
Lunenburg		3																																		
Mahone Bay																																				
New Glasgow	6	5	1	1																																
New Waterford	14	10	1	1	1	1																														
North Sydney	15	6	1	1	1																															
Oxford	2	2																																		
Parrsboro		1																																		
Pictou	2																																			
Port Hawkesbury	1	1																																		
Shelburne																																				
Springhill	8	5																																		
Stelarton	1	1																																		
Sydney	17	6																																		
Sydney Mines	14	9																																		
Trenton	12	1																																		
Truro	9	9	1																																	
Wedgeport	1	1																																		
Westville	2																																			
Windsor	8	5																																		
Wolfville	2	1																																		
Yarmouth	5	5	2	2																																
Total	255	184	20	23	18	11	8	10	7	5	21	22	21	17	30	30	78	122	108	84	142	104	207	138	350	197	268	270	196	209	35	53	1	2	3	

TABLE XXVII—TOTAL DEATHS (EXCLUSIVE OF STILLBIRTHS) AND DEATHS IN INSTITUTIONS, CLASSIFIED ACCORDING TO RESIDENCE OF DECEDENTS IN CITIES AND TOWNS OF 5000 POPULATION AND OVER, IN THE PROVINCE OF NOVA SCOTIA 1940

Cities and Towns	All Deaths										Deaths in Institutions										Deaths elsewhere than in Institutions																
	Total					Residents					Non-resident in city or town where death occurred and					Total					Residents					Non-resident in city or town where death occurred and											
	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	
Cities:																																					
Halifax.....	966	543	423	752	413	339	205	124	81	9	6	3	538	323	215	340	203	137	190	115	75	8	5	3	428	220	208	412	210	202	15	9	6	1	1	1	
Sydney.....	242	136	106	204	106	98	36	28	8	2	2	...	112	65	47	83	43	40	28	21	7	1	1	...	130	71	59	121	63	58	8	7	1	1	1	1	1
Towns:																																					
Amherst.....	133	76	57	100	54	46	27	18	9	6	4	2	56	35	21	24	14	10	26	17	9	6	4	2	77	41	36	76	40	36	1	1	...	...	...
Dartmouth.....	86	49	37	81	46	35	4	2	2	1	1	86	49	37	81	46	35	4	2	2	1	1
Glace Bay.....	249	142	107	206	116	90	43	26	17	...	...	...	138	80	58	96	55	41	42	25	17	...	...	...	111	62	49	110	61	43	1	1	...	...	...
New Glasgow.....	137	63	74	81	30	51	55	33	22	1	...	1	75	41	34	25	10	15	49	31	18	1	...	1	62	22	40	56	20	36	6	2	4	...	...	...
New Waterford.....	73	41	32	64	34	30	9	7	2	...	...	...	32	21	11	23	14	9	9	7	2	...	...	...	41	20	21	41	20	21	...	...	...	...	...	...
North Sydney.....	89	49	40	75	40	35	13	8	5	1	1	...	24	17	7	11	9	2	13	8	5	...	...	...	65	32	33	64	31	33	...	...	...	1	1	...
Springhill.....	69	37	32	55	32	23	14	5	9	...	...	...	40	24	16	28	20	8	12	4	8	...	...	...	29	13	16	27	12	15	2	1	1	...	...	...
Stellarton.....	39	21	18	39	21	18	39	21	18	39	21	18
Sydney Mines.....	100	54	46	93	47	46	7	7	33	18	15	26	11	15	7	7	67	36	31	67	36	31
Turo.....	130	70	60	94	47	47	34	21	13	2	2	...	59	37	22	27	16	11	30	19	11	2	2	...	71	33	38	67	31	36	4	2	2	...	...	...
Yarmouth.....	135	66	69	91	40	51	44	26	18	...	...	...	70	36	34	28	12	16	42	24	18	...	...	...	65	30	35	63	28	35	2	2	2	...	...	...

**TABLE XXVIII—DEATHS (EXCLUSIVE OF STILLBIRTHS) BY
SINGLE YEARS OF AGE AND BY AGE GROUPS, IN THE
PROVINCE OF NOVA SCOTIA, 1940**

Ages	Total	Male	Female
All ages.....	6,239	3,399	2,840
Under 1 year.....	802	450	352
1 year.....	67	31	36
2 years.....	42	23	19
3 ".....	27	11	16
4 ".....	17	7	10
Total under 5 years.....	955	522	433
5 years.....	17	8	9
6 ".....	13	8	5
7 ".....	9	4	5
8 ".....	17	9	8
9 ".....	15	11	4
Total 5-9 years.....	71	40	31
10 years.....	9	4	5
11 ".....	14	7	7
12 ".....	9	2	7
13 ".....	9	5	4
14 ".....	9	8	1
Total 10-14 years.....	50	26	24
15 years.....	14	9	5
16 ".....	18	6	12
17 ".....	21	12	9
18 ".....	24	16	8
19 ".....	32	20	12
Total 15-19 years.....	109	63	46
20 years.....	34	15	19
21 ".....	23	14	9
22 ".....	21	12	9
23 ".....	33	15	18
24 ".....	31	15	16
Total 20-24 years.....	142	71	71
25 years.....	49	23	26
26 ".....	30	12	18
27 ".....	26	11	15
28 ".....	38	15	23
29 ".....	31	18	13
Total 25-29 years.....	174	79	95

TABLE XXVIII—DEATHS (EXCLUSIVE OF STILLBIRTHS) Cont'd

Ages	Total	Male	Female
30 years	26	20	6
31 "	30	13	17
32 "	36	19	17
33 "	26	20	6
34 "	24	13	11
Total 30-34 years.....	142	85	57
35 years	32	13	19
36 "	23	15	8
37 "	27	13	14
38 "	29	15	14
39 "	35	19	16
Total 35-39 years.....	146	75	71
40 years	33	17	16
41 "	24	13	11
42 "	33	13	20
43 "	32	22	10
44 "	36	21	15
Total 40-44 years	158	86	72
45 years.....	43	22	21
46 "	29	19	10
47 "	45	26	19
48 "	39	27	12
49 "	43	24	19
Total 45-49 years.....	199	118	81
50 years.....	46	26	20
51 "	41	24	17
52 "	36	18	18
53 "	54	32	22
54 "	57	37	20
Total 50-54 years.....	234	137	97
55 years.....	51	34	17
56 "	51	32	19
57 "	69	36	33
58 "	65	35	30
59 "	67	40	27
Total 55-59 years.....	303	177	126
60 years	79	49	30
61 "	68	37	31
62 "	79	54	25
63 "	76	44	32
64 "	97	61	36
Total 60-64 years.....	399	245	154

TABLE XXVIII—DEATHS(EXCLUSIVE OF STILLBIRTHS)—Cont'd

Ages		Total	Male	Female
65	years.....	86	56	30
66	"	94	62	32
67	"	122	69	53
68	"	127	78	49
69	"	134	82	52
Total 65-69 years.....		563	347	216
70	years.....	118	61	57
71	"	101	53	48
72	"	139	77	62
73	"	127	66	61
74	"	121	62	59
Total 70-74 years.....		606	319	287
75	years.....	135	82	53
76	"	126	68	58
77	"	120	70	50
78	"	134	68	66
79	"	130	66	64
Total 75-79 years.....		645	354	291
80	years.....	155	73	82
81	"	106	61	45
82	"	122	65	57
83	"	135	65	70
84	"	115	63	52
Total 80-84 years.....		633	327	306
85	years.....	90	53	37
86	"	105	52	53
87	"	92	45	47
88	"	83	35	48
89	"	59	31	28
Total 85-89 years.....		429	216	213
90	years	60	29	31
91	"	50	19	31
92	"	35	14	21
93	"	33	17	16
94	"	25	12	13
Total 90-94 years.....		203	91	112
95	years	26	8	18
96	"	15	3	12
97	"	9	3	6
98	"	9	2	7
99	"	5	.....	5
Total 95-99 years.....		64	16	48
100 years and over.....		11	2	9
Not stated.....		3	3	.....

TABLE XXIX—DEATHS (EXCLUSIVE OF STILLBIRTHS) CLASSIFIED ACCORDING TO RACIAL ORIGIN OF DECEDENTS, IN THE PROVINCE OF NOVA SCOTIA, 1940

Racial Origin	Total	Male	Female
All origins.....	6,239	3,399	2,840
English	2,758	1,462	1,296
Irish	653	381	272
Scottish.....	1,662	903	759
Welsh	15	10	5
French	569	304	265
German	218	117	101
Armenian	2	.....	2
Austrian	3	1	2
Belgian	5	2	3
Bulgarian .....	.....	.....	.....
Chinese	5	5	.....
Czech and Slovak	4	3	1
Danish	6	2	4
Dutch	65	42	23
Finnish	2	1	1
Greek	1	1	.....
Hindu	1	1	.....
Hungarian	4	3	1
Icelandic .....	.....	.....	.....
Indian	29	17	12
Italian.....	15	14	1
Japanese .....	.....	.....	.....
Jewish	8	5	3
Negro.....	135	70	65
Norwegian.....	15	14	1
Polish.....	14	10	4
Roumanian.....	2	2	.....
Russian.....	6	2	4
Serb and Croat.....	.....	.....	.....
Swedish.....	6	3	3
Swiss.....	10	7	3
Syrian.....	10	5	5
Ukrainian (1)	2	2	.....
Other.....	1	1	.....
Not specified.....	13	9	4

(1) Including "Galician" and "Bukovinian."

[illegible]

[illegible]

Table XXXII—CAUSES OF DEATH BY SEX AND AGE, IN THE PROVINCE OF NOVA SCOTIA, 1940—Continued

Int. List No.	Causes of Death	Total	Ages																								Not Stated	
			Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90-94 years	95-99 years		100 years and over
	(b) Of the uterus..... F.																											
	(c) Of other female genital organs..... F.																											
	(d) Of the brain..... M.	3							1							1												
	F.	4									1		1															
	(e) Of the thyroid gland..... F.																											
	(f) Of the prostate gland..... M.																											
	(g) Of other or unspecified sites..... F.	1									1																	
	Class III—Rheumatic diseases, diseases of nutrition and of the endocrine glands..... M.	3										1																
	and other general diseases..... F.	79	6	2		1			4	3	8	2	3	5	5	2	12	18	18	11	13	10	2	3				
	Acute rheumatic fever..... M.	20	1	1		1			4	2	5	1	1	2	3		4	8	9	4	3	1	1	3				
	F.	11																										

TABLE XXXII—CAUSES OF DEATH BY SEX AND AGE, IN THE PROVINCE OF NOVA SCOTIA, 1940—Continued

Int. List No.	Causes of Death	Total	Ages																										
			Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90-94 years	95-99 years	100 years and over	Not stated	
67	Diseases of the M. thyroid gland..... F.	3	3																										
68	Diseases of the ad- renals (Addison's disease)..... M. F.	1 2										1							1	1									
69	Other general diseases M. F.	4 3										1			1				1	1				1					
	(a) Fatty or amy- loid degeneration... F.	2													1				1										
	(b) Steatosis M. F.	2 2														1													
	(c) Others under this title..... M. F.	2 1										1												1					
41	Class IV—Diseases of the blood and blood- forming organs..... F.	18	1		4		1	1	1				2			1		2	4	9	5	4	1	2					
23	Haemorrhagic con- ditions..... M. F.	1 3			2		1		1				1		1				4	4	3	2		2					

[illegible]

Class VI—Diseases of the Nervous System T. and of the Organs of M. Special Sense Encephalitis (non- epidemic) Simple meningitis Progressive locomotor ataxia (tabes-dorsalis) Other diseases of the spinal cord Cerebral haemorrhage, cerebral embolism and thrombosis (a) Cerebral hae- morrhage (b) Cerebral embol- ism and thrombosis (c) Softening of the brain (d) Hemiplegia and other paralysis, cause not specified General paralysis of the insane Dementia praecox and other psychoses (a) Dementia praecox		433 227 206 5 3 15 10 3 3 12 9 94 119 80 102 4 6 1 9 11 8 1 16 8 5 4	58 37 21 5 1 5 3
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TABLE XXXII—CAUSES OF DEATH BY SEX AND AGE, IN THE PROVINCE OF NOVA SCOTIA, 1940—Continued.

Int. List No.	Causes of Death	Ages																									
		Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90-94 years	95-99 years	100 years and over	Not stated
85	(b) Other psychoses M.	11											1		2			1	3		3						
	F.	4														1			1		1						
86	Epilepsy M.	16	2					2		1	3	1	1	4							1						
	F.	15						1		1	1	1	2	1	3		1				1	1	1				
87	Convulsions (under 5 years of age) M.	31	30	1																							
	F.	18	16		1																						
	Other diseases of the nervous system M.	20									1																
	F.	18	1				1		1							2	2	1	2	2	1	1	5	1			
	(a) Chorea M.																										
	F.																										
	(b) Neuralgia and Neuritis M.	1																1									
	F.	2																									
	(c) Paralysis M.	6																									
	agitans F.	8																									
	(d) Sclerosis (other than of the spinal cord) M.	8									1																
	F.	3																									
	(e) Others under this title M.	5																									
	F.	5	1				1		1																		

[illegible]

TABLE XXXII—CAUSES OF DEATH BY SEX AND AGE, IN THE PROVINCE OF NOVA SCOTIA, 1940—Continued.

Int. List No.	Causes of Death	Total	Ages																				Not stated					
			Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years		80-84 years	85-89 years	90-94 years	95-99 years	100 years and over
114	Other diseases of the respiratory system (tuberculosis excepted).....	7	1	1								1	2					1		1			1					
	M.....											1																
	F.....	4	1								1	1												1				
	(a) Chronic interstitial pneumonia including occupational diseases of the M. respiratory system.....																											
	(b) Gangrene of the M. lung.....																											
	(c) Others under M. lung.....	7		1								1	2					1		1								
	F.....																											
	this title.....	4	1									1	1											1				
	Class IX—Diseases of T.	277	44	2	4	3	2	8	5	8	6	7	6	11	11	20	18	21	16	18	22	21	21	14	7	2		1
	the Digestive Sys-M.	159	26	2	2	1		2	3	6	5	2	5	6	7	12	13	13	7	10	13	12	5	5	4	2		1
	tem.....	F.	118	18		2	2	6	2	2	1	5	1	5	4	8	5	8	9	8	9	9	9	9	3			

TABLE XXXII—CAUSES OF DEATH BY SEX AND AGE, IN THE PROVINCE OF NOVA SCOTIA 1940—Continued

Int. List No.	Causes of Death	Total	Ages																			Not stated						
			Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years	65-69 years	70-74 years		75-79 years	80-84 years	85-89 years	90-94 years	95-99 years	100 years and over
121	(b) Ulceration of the intestines.....	M.	2																									
	F.	2																										
122	Appendicitis	M.	25	1				1	2	5	1		1	3	1	2	1	1		3	2							
	F.	13						4		2					2	1			1									
123	Hernia, intestinal obstruction	M.	28	2							3		3	1	1	1	2	1	1	1	2	4	2	3	1			
	F.	23	3					1	1		1	1	1			2	1	1	2	3	3	1	1	1				
124	(a) Hernia	M.	11								1								1	1	1	1	1	2				
	F.	8							1		1								1	2	2		1					
123	(b) Intestinal obstruction.....	M.	17	2							2		3	1				1			1	3	1	1	1			
	F.	15	3					1					1			2	1		1	1	1	1						
123	Other diseases of the intestines	M.	3	1																								
	F.	5	1												1						1	1						
124	Cirrhosis of the liver	M.	11	1															1	1	3	1	2	1				
	F.	8													2				1	1	1							
	(a) Specified as alcoholic	M.																										
	F.																											
	(b) Not specified as alcoholic.....	M.	11	1											1	1					3	1	2					
	F.	8													2				1	1	1							

[illegible]



TABLE XXXIII—CAUSES OF DEATH FOR EACH SEX BY CONJUGAL CONDITION, NATIVITY AND MONTH OF DEATH IN THE PROVINCE OF NOVA SCOTIA, 1940.

Int. List No.	CAUSES OF DEATH	Total	CONJUGAL CONDITION										NATIVITY				MONTHS														
			Single					Married					Canada	British	United States	Foreign	January	February	March	April	May	June	July	August	September	October	November	December			
			Under 15 years	15 to 24 years	25 to 44 years	45 to 64 years	65 yrs. and over	Age not stated	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over																	Age not stated	Widowed	Not stated
	Deaths—All Causes.....	6239	1076	211	238	195	424	39	357	753	1211	2	1715	18	67	91	12	581	537	566	508	512	410	470	434	441	490	484	806		
	Class 1—Infectious	3399	588	124	150	135	237	9	159	454	860	2	664	17	38	68	10	311	295	294	271	278	224	254	243	257	267	267	438		
	and Parasitic Diseases..	2840	488	87	88	60	187	30	198	299	351	..	1051	1	29	20	10	270	242	272	237	234	186	216	191	184	223	217	368		
	1 Typhoid fever.....	811	193	88	79	24	35	19	107	77	73	..	114	2	10	10	1	75	74	75	63	55	40	49	39	57	56	65	163		
	2 Paratyphoid fever.....	404	94	34	44	18	16	3	42	48	53	..	50	2	5	9	1	35	35	35	34	27	21	28	22	26	27	32	82		
	4 Relapsing fever.....	407	99	54	35	6	19	16	65	29	20	..	64	..	5	1	..	40	39	40	29	28	19	21	17	31	29	33	81		
	5 Undulant fever.....	2	..	..	..	..	..	..	1	1	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	1	..	..	..
	6 Small pox.....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	7 Measles.....	6	4	1	1	1	1	1	1	3	4	
	8 Scarlet fever.....	9	8	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	3	..	
	9 Whooping-cough.....	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
	10 Diphtheria.....	24	23	1	4	6	3	2	1	2	1	1	2	3	4	5	1	
	11 Influenza.....	10	6	3	1	1	2	..	7	3	2	4	5	5	1	
	(a) Sole cause.....	135	27	9	4	5	13	1	6	6	33	..	35	..	1	..	10	12	19	11	5	4	3	3	2	3	5	10	51		
	(b) With bronchitis.....	119	24	3	1	2	14	..	5	6	14	..	51	..	5	..	11	16	20	9	3	3	3	3	1	2	3	5	43		
		24	8	..	..	..	3	..	..	..	5	..	6	..	1	..	1	1	1	5	1	..	..	..	..	1	1	1	13	
		4	4	1	1	1	..	1	..	3	..	2	2	4	3	1	1	1	2	1	1	1	1	1	2	3

13	(c) With pneumonia ..	M.	59	14	3	3	1	4	3	1	4	9	17	59	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
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TABLE XXIII—Continued

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TABLE XXIII—Continued

Int. List No.	Causes of Death	Total	Conjugal Condition								Nativity				Months																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
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TABLE XXXIII—Continued

Int. List No.	Causes of Death	Conjugal Condition										Nativity				Months													
		Single					Married					Canada	British	Foreign		January	February	March	April	May	June	July	August	September	October	November	December		
		Age not stated					Age not stated							United States	Other														
		Under 15 years	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over	Age not stated																		
94	(a) Acute myocarditis M.	3	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	(b) Myocarditis, un- specified, (under 45 years of age) M.	3	1	1	1	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
	(c) Chronic myocar- ditis and myocardial degeneration M.	63	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	(d) Myocarditis, un- specified, (45 years and over) M.	60	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Diseases of the coronary arteries and angina pectoris M.	244	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	(a) Diseases of the coronary arteries M.	124	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	(b) Embolism and thrombosis of the coronary arteries M.	15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	(c) Angina pectoris M.	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Other diseases of the heart M.	194	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	(a) Functional dis- eases of the heart M.	97	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
95	(b) Other and un- specified M.	35	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Diseases of the coronary arteries M.	20	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Angina pectoris M.	83	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Other diseases of the heart F.	64	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	(a) Functional dis- eases of the heart M.	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	(b) Other and un- specified M.	12	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Aneurysm (except of the heart) M.	72	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Arteriosclerosis (of cor- onary arteries excepted) F.	52	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Diseases of the coronary arteries M.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Arteriosclerosis (of cor- onary arteries excepted) F.	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
97	Arteriosclerosis (of cor- onary arteries excepted) F.	230	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	Arteriosclerosis (of cor- onary arteries excepted) F.	230	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

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TABLE XXXIII—Continued

Int. List No.	Causes of Death	Total	Conjugal Condition										Nativity				Months																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
			Under 15 years	Single						Married				Widowed	Not stated	Canada	British	Foreign		January	February	March	April	May	June	July	August	September	October	November	December																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
				15 to 24 years	25 to 44 years	45 to 64 years	65 yrs and over	Age not stated	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over	Age not stated					United States	Other													Not stated																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
195	(b) Others under this title. Violent deaths of which the nature (accident, suicide, homicide) is unknown.	M. F.	6 9		1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												</

TABLE XXXIV—CAUSES OF DEATH BY COUNTIES, NOVA SCOTIA, 1940

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TABLE XXXIV—CAUSES OF DEATH BY COUNTIES—Continued

Int. List No.	Causes of Death	Total	Annapolis	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth
33	Leprosy....	M.																		
34	Syphilis	F.																		
35	Gonococcus infection and other venereal diseases.....	M.																		
36	Purulent infection, septicaemia (non-puerperal)	F.																		
38	Malaria.....	F.																		
39	Other diseases due to protozoal parasites	M.																		
40	Ankylostomiasis	F.																		
41	Hydatid cysts	M.																		
	(a) Of the liver	F.																		
	(b) Of other organs.....	M.																		
42	Other diseases caused by helminths.....	F.																		
43	Mycoses.....	M.																		
44	Other infectious or parasitic diseases.....	F.																		
	(a) Chicken-pox.....	M.																		
	(b) German measles.....	F.																		
	(c) Others under this title	M.																		
	Class II—Cancer and other Tumours.....	F.																		
45-53	Cancer and other malignant tumours.....	T.	34	20	107	41	52	27	14	191	29	32	36	58	61	15	10	17	5	36
		M.	17	6	61	22	20	12	5	100	12	16	21	18	30	8	7	9	3	23
		F.	395	17	46	19	32	15	9	91	17	16	15	40	31	7	3	8	3	13
		M.	384	17	58	22	20	12	5	97	12	16	21	18	30	8	7	9	3	23
		F.	378	14	44	18	31	14	9	87	17	16	15	37	30	7	3	8	2	10

[illegible]

CLASS III—Rheumatic Diseases, Diseases of Nutrition and of the Endocrine Glands. and other General Diseases	T.	139	5	4	21	2	13	8	3	42	3	5	4	11	8	1	9
56 Acute rheumatic fever.....	F.	20	3	3	13	1	7	5	1	18	3	2	3	6	7	1	3
57 Chronic rheumatism, osteo-arthritis.....	M.	11	1		5		2			2	1			1	2		6
58 Gout.....	M.	8		2			1			2			2				1
59 Diabetes mellitus.....	F.	30	1	1	5		4	3		8			1	1	1		3
60 Scurvy.....	F.	45	1		7	1	4	3		11	1	2	1	6	4	1	3
61 Beriberi.....	M.	1															1
62 Pellagra.....	M.																3
63 Rickets.....	F.	3								1							3
64 Osteomalacia.....	M.	2								2							1
65 Diseases of the pituitary gland.....	F.																
66 Diseases of the thyroid and parathyroid glands.....	M.	2	1	1	1			2		1							
(a) Simple goitre.....	F.	4															
(b) Exophthalmic goitre.....	M.	1								1							
(c) Myxoedema, cretinism.....	F.	3	1	1				2									
(d) Tetany.....	M.	1															
(e) Other under this title.....	F.																
67 Diseases of the thymus gland.....	M.																
68 Diseases of the adrenals (Addison's disease).....	F.	3					1		1				1				
69 Other general diseases.....	M.	1	1				1										
(a) Fatty or amyloid degeneration.....	F.	2			1					2				1	1		1
(b) Steatosis.....	M.	4								1							
(c) Others under this title.....	F.	3								1							
Class IV—Diseases of the blood and blood forming organs.....	T.	2			1					1							
	F.	41	2		6	3	2			14	3			2	5	2	1
	M.	23	1		4	1	1			6	2			2	4		1
	F.	18	1		2	2	1			8	1			1	1		

[illegible]

TABLE XXXIV—CAUSES OF DEATH BY COUNTIES—Continued

Int. List No.	Causes of Death	Total	Annapolis	Antigonish	Cape Breton	Colchester	Cumberland	Digby	Guysboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth
	(e) Others under this title.....	5			1	2	1	1	1		1				1					1
88	Diseases of the organs of vision.....	5			1	1				1										
89	Diseases of the ear and mastoid process.....	2																		
	(a) Otitis	5								3				1	1	1				
	(b) Diseases of the Mastoid process.....	5								1										
	(c) Ot' ers under this title.....	3								2				1						
	Class VII—Diseases of the circulatory system.....	2											1							
		1598	64	23	199	102	131	67	31	347	75	34	89	128	122	37	11	42	16	80
90-95	Diseases of the heart.....	876	31	17	120	57	65	33	12	193	42	22	54	65	62	22	8	27	5	41
		722	33	6	79	45	66	34	19	154	33	12	35	63	60	15	3	15	11	39
90	Pericarditis	567	20	14	89	32	38	24	9	116	23	15	39	49	34	13	3	20	4	25
		413	24	4	56	30	32	20	10	69	18	8	24	37	33	7	1	11	9	20
91	Acute endocarditis.....	1								1										
	(a) Endocarditis specified as acute.....	6	1		1	1				1					1			1		
	(b) Endocarditis unspecified (under 45 years of age).....	2								1					1			1		
92	Chronic endocarditis, valvular diseases.....	6								1					1					
	(a) Endocarditis specified as chronic and other valvular diseases.....	124	4	7	11	8	12	7		17	6	7	14	6	14	2	2	5	1	1
	(b) Endocarditis, unspecified, (45 years and over).....	107	7	1	9	10	8	9	2	16	9	4	6	5	12	1	1	3	1	1
		119	4	7	10	7	12	7		15	6	7	14	6	13	2	2	5	1	1
		90	6	1	5	9	8	9	1	14	8	3	6	5	7	1	1	3	2	1
93	Diseases of the myocardium.....	5			1	1				2					1					
	(a) Acute myocarditis.....	17			4	1			1	2	1	1			5					
	(b) Myocarditis, unspecified, (under 45 years of age).....	109	6	1	17	7	13	2	1	23	2	2	1	11	10	5	1	2	1	4
	(c) Chronic myocarditis and myocardial degeneration.....	116	8		22	10	14	1		21	2	2	3	13	6	1		6	2	5
	(d) Myocarditis, unspecified, (45 years and over).....	3			1					2					1					
		3	1		1															
		2																		
		63	5		8	3	4	1	1	14	1	2	1	9	7	3		1		3
		60	6		10	1	6			14		2	3	11	3	1		1	2	1
		43	1	1	8	4	9	1		14	1			2	3	2	1	1	1	1
		51	1		11	9	8	1		6	2			1	2			6		4

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TABLE XXXIV—CAUSES OF DEATH BY COUNTIES—Continued

Int. List No.	Causes of Death	Total	Annapolis	Antigonish	Cape Breton	Cumberland	Digby	Guysboro	Halifax	Hants	Inverness	Kings	Lunenburg	Pictou	Queens	Richmond	Shelburne	Victoria	Yarmouth
	(a) Congenital hydrocephalus.....	2			1				1	1		1		1					
	(b) Spina bifida and meningocele.....	3			4				1	1		1		1					
	(c) Congenital malformations of the heart.....	14			7				3	2	1	1	1	2			2		
	(d) Monstrosities.....	17	2		5		2	1	2	1	1								
	(e) Others under this title.....	9		1	3				1										
	(f) Others under this title.....	3							2										
	(g) Others under this title.....	1							1	1			3	1	1				
	(h) Others under this title.....	18	2	2	5	3	1		1										
	(i) Others under this title.....	7	1						1										
	(j) Others under this title.....	10	1						1										
	(k) Others under this title.....	327	10	11	63	32	12	9	68	25	9	14	16	11	5	9	8	4	
	(l) Others under this title.....	186	3	2	43	20	7	5	34	18	4	8	11	6	2	3	5	2	
	(m) Others under this title.....	141	7	9	20	12	5	4	34	7	5	6	5	5	3	6	3	2	
	(n) Others under this title.....	24			6	4			3	1	1	2	1			2	3	1	
	(o) Others under this title.....	10	1	1		1		1	2							1	1		
	(p) Others under this title.....	94	1	2	20	13	4	1	20	11		3	7	2		1	2	1	
	(q) Others under this title.....	72	3	3	12	9	4		19	4		4	3	3	2	1	1	1	
	(r) Others under this title.....	31			6	2	2	4	19	4	1	2	1	1					
	(s) Others under this title.....	18		1	4		1		4	2	2			1					
	(t) Others under this title.....																		
	(u) Others under this title.....	1							1										
	(v) Others under this title.....	31			6	2	2	4	4	4	1	2	1	3					
	(w) Others under this title.....	17		1	4		1		3	2	2	1	1	1	1				
	(x) Others under this title.....	37	2	1	11	1	1		7	2	2	1	2	1	2	1	1	1	
	(y) Others under this title.....	41	3	4	4	2		3	9	1	3	1	2	2		4			
	(z) Others under this title.....	11	1		3	1			3	1				1					
	(aa) Others under this title.....	6	1		1				3		1								
	(ab) Others under this title.....	2																	
	(ac) Others under this title.....	5			2	1		1	1			1	1						
	(ad) Others under this title.....																		
	(ae) Others under this title.....	1					1												
	(af) Others under this title.....																		
	(ag) Others under this title.....	14	1	1	7				4	1									
	(ah) Others under this title.....	19	2	2		1		1	4	1	2		2	2		1			
	(ai) Others under this title.....	9																	
	(aj) Others under this title.....	11		2	1				1										
	(ak) Others under this title.....	232	5	24	32	12	4	3	26	11	25	13	17	6	4	14	5	19	4
	(al) Others under this title.....	95	1	11	10	3	3	1	9	3	14	4	6	2	1	8	3	10	2
	(am) Others under this title.....	137	4	13	22	8	1	2	17	8	11	9	11	4	3	6	2	9	2

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TABLE XXXV—Continued

Int. List No.	CAUSES OF DEATH	Total	Amherst	Antigonish	Bridgetown	Bridgewater	Canso	Dartmouth	Digby	Dominion	Glace Bay	Halifax	Inverness	Joggins	Kentville	Liverpool	Lunenburg	Mahone Bay	New Glasgow	New Waterford	North Sydney	Oxford	Parrsboro	Pictou	Port Hawkesbury	Shelburne	Springhill	Stellarton	Sydney	Sydney Mines	Trenton	Truro	Wedgeport	Westville	Windsor	Wolfville	Yarmouth	
	(c) Not specified.....M	2		1								1							1					1														
33	Leprosy.....M	3																																				
34	Syphilis.....F	14									1	6			2				2		1							1										
35	Gonococcus infection and other venereal diseases.....M	5									2	2									1																	
36	Purulent infection, septicaemia (non-puerperal).....M	1											1																									
38	Malaria.....F	3										2																										
38	Malaria.....M	1										1																										
39	Other diseases due to protozoal parasites.....M																																					
40	Ankylostomiasis.....F	1																		1																		
41	Hydatid cysts.....F																																					
	(a) Of the liver.....M																																					
	(b) Of other organs.....M																																					
42	Other diseases caused by helminths.....M																																					
43	Mycoses.....F	1																																				
44	Other infectious or parasitic diseases.....M											1																										
	(a) Chicken-pox.....F																																					
	(b) German measles.....M																																					
	(c) Others under this title.....M																																					
424	Class II—Cancer and other tumours.....F	424	20	10	18	18	2	20	4	31	139	6	7	2	6	3	20	10	15	2	4	7	1	3	4	7	28	6	1	18	3	1	5	3	18			
211		211	9	3	4	2	9	2	2	21	73	2	6	1	1	3	8	7	9	2	1	2	4	1	2	1	4	11	2	1	9	3	1	2	1	1		
213		213	11	7	14	14	11	11	2	10	66	4	1	1	5	1	12	3	6	2	3	3	5	3	5	3	17	4	1	9	3	1	3	2	7			

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TABLE XXXV—Continued

Int. List No.	CAUSES OF DEATH	Total	Amherst	Antigonish	Bridgetown	Bridgewater	Canso	Dartmouth	Digby	Dominion	Glace Bay	Halifax	Inverness	Joggins	Kentville	Liverpool	Lunenburg	Mahone Bay	New Glasgow	New Waterford	North Sydney	Oxford	Parssboro	Pictou	Pt. Hawkesbury	Shelburne	Springhill	Stellarton	Sydney	Sydney Mines	Trenton	Truro	Wedgeport	Westville	Windsor	Wolfville	Yarmouth	
83	General paralysis of the insane..... M.	4	1									2									1																	
84	Dementia praecox and other psychoses..... F.	1						1				1																		1								
	(a) Dementia praecox..... F.	1										1																										
	(b) Other psychoses..... M.	2						1				1																	1									
85	Epilepsy..... M.	1						1				1							1																			
	..... F.	3						1				1																										
86	Convulsions (under 5 years of age)..... M.	6						1				1																										
	..... F.	10						1				2																										
87	Other diseases of the nervous system..... M.	8										1																										
	..... F.	10										2																										
	(a) Chorea..... M.	9										1																										
	..... F.											2																										
	(b) Neuralgia and Neuritis..... M.																																					
	..... F.	2																																				
	(c) Paralysis agitans..... M.	3										1																										
	..... F.	2										1																										
	(d) Sclerosis (other than of the spinal cord)..... M.	6										1																										
	..... F.	2										1																										
	(e) Others under this title..... M.	1																																				
	..... F.	3																																				
88	Diseases of the organs of vision..... M.	1																																				
	..... F.																																					
89	Diseases of the ear and mastoid process..... M.	4	1									3																										
	(a) Otitis..... M.	2	1									1																										
	..... F.	1																																				
	(b) Diseases of the Mastoid process..... M.	1	1																																			
	(c) Others under this title..... M.	3										2																										
	..... F.																																					
	Class VII—Diseases of the circulatory system..... T.	797	39	10	11	22	7	27	7	1	57	235	3	1	10	6	12	9	38	38	7	18	9	6	13	1	3	24	13	61	17	10	33	2	12	20	14	39
 M.	430	20	7	5	14	2	17	3	1	35	125	2	8	5	7	3	15	15	4	5	4	2	8	1	2	11	7	43	10	5	20	2	15	10	7	15	
 F.	367	19	3	6	8	5	10	4		22	110	1	1	2	1	5	6	23	23	3	13	5	4	5		1	13	18	7	7	13	2	7	10	7	24	

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SPECIAL CLASSES OF ACCIDENTAL DEATHS
(Included also under the numbers of the International List)
PROVINCE OF NOVA SCOTIA, 1940

	CAUSE OF DEATH	Male	Female
	A.—Accidents in mines and quarries.....	17	
183	Accidental drowning.....	2	
186	Accidental injury by fall, crushing or land-slide.....	14	
193	Accidents due to electric currents.....	1	
	B.—Accidents caused by machines.....	6	
181	Accidental burns (conflagration excepted)....	1	
186	Accidental injury by fall, crushing or land-slide.....	5	
	C.—Railway accidents.....	16	3
186	Accidental injury by fall, crushing or land-slide.....	16	3
	E.—Automobile and motorcycle accidents.....	89	18
178	Accidental absorption of toxic gases.....	1	
180	Conflagration.....	2	
181	Accidental burns (conflagration excepted)....	1	
183	Accidental drowning.....	2	2
186	Accidental injury by fall, crushing or land-slide.....	83	16
	F.—Other land transportation.....	5	
186	Accidental injury by fall, crushing or land-slide.....	5	
	G.—Water transportation.....	36	1
178	Accidental absorption of toxic gases.....	1	
183	Accidental drowning.....	24	1
186	Accidental injury by fall, crushing or land-slide.....	7	
190	Excessive cold.....	3	
194	Other accidents.....	1	
	H.—Air transportation.....	6	
183	Accidental drowning.....	3	
186	Accidental injury by fall, crushing or land-slide.....	3	

TABLE XXXVI—Continued

Int. List No.	Causes of Death	Total	Ages																	100 years and over	Not stated						
			Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years			65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90-94 years
77	(c) Occupational	M.																									
	(d) Other organic poisoning.....	F.																									
	Chronic poisoning by mineral substances	M.																									
		(a) Lead (including occupational).....	F.																								
		(b) Occupational, except lead.....	M.																								
78	(c) Others under this title.....	F.																									
	Class VI—Diseases of the nervous system and of the organs of special sense.....	F.	48	4	1																						
		T.	23	2	1																						
	Encephalitis (non-epidemic).....	M.	25	2																							
		F.	1																								
79	Simple meningitis.....	F.	1																								
		M.	1	1																							
80	Progressive locomotor ataxia(tabes dorsalis).....	F.	3																								
		M.		1																							
81	Other diseases of the spinal cord.....	F.																									
		M.	4																								
		F.	1																								

TABLE XXXVI—Continued

Int. List No.	Causes of Death	Total	Ages																	Not stated									
			Under 1 year	1 year	2 years	3 years	4 years	5-9 years	10-14 years	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years	55-59 years	60-64 years		65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90-94 years	95-99 years	100 years and over	
90-95	(a) Otitis.....	1											1																
	(b) Diseases of the mastoid process.....	2								1	1																		
	(c) Others under this title.....																												
	Class VII—Diseases of the circulatory system.....	235								3		2	3	4	6	10	16	31	41	27	29	36	14	10	3				
		125										2	1	3	3	7	10	24	26	11	8	21	4	4	1				
		110								3			2	1	3	3	6	7	15	16	21	15	10	6	2				
	Diseases of the heart.....	77										2	1	3	3	6	9	15	17	4	5	9	1	2					
		52								3			2	1	2	1	2	5	7	8	10	3	3	4	1				
	Pericarditis.....	1													1														
91	Acute endocarditis.....	1										1																	
	(a) Endocarditis specified as acute.....	1								1		1																	
	(b) Endocarditis unspecified (under 45 years of age).....	1								1																			
92	Chronic endocarditis, valvular diseases.....	12										1		2		2	2	2	2		1								
		11								1				1		1	1	1	2	1	3				1				
	(a) Endocarditis specified as chronic and other valvular diseases.....	11								1		1		2		2	1	2	2	1	1								
		10								1				1		1	1	1	2	1	2				1				

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TABLE XXXVII—Continued

Int. List. No.	CAUSES OF DEATH	Total	CONJUGAL CONDITION										NATIVITY				MONTHS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
			Under 15 years	Single				Married					Canada	British	Foreign		January	February	March	April	May	June	July	August	September	October	November	December																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
				15 to 24 years	25 to 44 years	45 to 64 years	65 years and over	Age not stated	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over			Age not stated	Widowed													Not stated																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																				
17	Lethargic or epidemic M. encephalitis.....	

(a) Of the larynx.....	M.	1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					</
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TABLE XXXVII—Continued

Int. List No.	CAUSES OF DEATH	CONJUGAL CONDITION												NATIVITY				MONTHS											
		Single						Married						Canada	British	Foreign		January	February	March	April	May	June	July	August	September	October	November	December
		Under 15 years	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over	Age not stated	15 to 24 years	25 to 44 years	45 to 64 years	65 years and over	Age not stated	Widowed	Not stated															
	Total																												
77	Chronic poisoning by M. mineral substances. F. (a) Lead (including M. occupational) F. (b) Occupational, M. except lead F. (c) Others under this M. title F. Class VI—Diseases of the nervous system Total and of the organs M. of special sense F. 78 Encephalitis (non-epidemic) F. 79 Simple meningitis M. F. 80 Progressive locomotor M. ataxia (tabes dorsalis) F.	48	6	3	4	3	3	4	8	5	11	1			42	6		6	5	4	3	5	2	2	5	5	4	1	6
		23	3	1	2	1	1	4	5	2	2	1	2	1	20	3		4	3	2	2	2	2	3	2	2	1	1	3
		25	3	2	2	1	2		3	3	9				22	3		2	2	2	1	3	2	2	3	3			3
		1						1								1			1			1							
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		3	1		1						1		1		3							1		1					

[illegible]

TABLE XXVII—Continued

[illegible]

[illegible]

[illegible]

[illegible]

**SPECIAL CLASSES OF ACCIDENTAL DEATHS
(INCLUDED ALSO UNDER THE NUMBERS OF THE INTERNATIONAL LIST ABOVE)**

HALIFAX, 1940

[illegible]

TABLE XXXVIII—MARRIAGES BY MONTHS IN THE PROVINCE OF NOVA SCOTIA, 1940

COUNTIES (Including Cities and Towns)	MONTHS											
	January	February	March	April	May	June	July	August	September	October	November	December
Annapolis.....	4	4	3	11	12	18	17	10	12	16	10	7
Antigonish.....	5	1	2	2	2	14	15	15	15	7	17	1
Cape Breton.....	64	67	35	79	85	139	127	120	149	147	126	58
Colchester.....	12	16	21	19	14	46	44	60	40	42	35	40
Cumberland.....	15	22	22	23	23	37	51	55	40	40	46	35
Digby.....	11	7	12	16	13	14	23	22	17	16	25	12
Guysboro.....	4	6	1	6	6	5	14	15	9	12	12	14
Halifax.....	118	122	116	131	135	231	219	200	218	179	204	142
Hants.....	11	6	9	15	10	29	31	28	18	18	24	14
Inverness.....	10	9	1	6	6	10	9	6	22	11	15	5
Kings.....	13	17	18	21	15	35	46	45	31	30	20	22
Lunenburg.....	14	22	16	25	21	36	36	35	44	18	17	27
Pictou.....	22	28	22	26	20	47	53	48	30	24	39	28
Queens.....	7	4	10	6	11	13	14	9	6	10	9	4
Richmond.....	6	1	....	6	1	5	10	9	13	8	9	3
Shelburne.....	8	9	7	8	7	14	12	13	7	10	6	8
Victoria.....	2	2	....	1	1	6	5	9	3	2	3	4
Yarmouth.....	13	9	11	11	19	31	24	23	28	12	32	12
Total.....	339	352	306	412	401	730	750	722	702	602	649	436

**TABLE XL—MARRIAGES REPORTED IN RURAL AND URBAN
PARTS OF COUNTIES, NOVA SCOTIA, 1940.**

COUNTIES	Total	Rural	Urban
Total for the Province.....	6401	2099	4302
Annapolis.....	124	103	21
Antigonish.....	96	58	38
Cape Breton.....	1196	168	1028
Colchester.....	389	154	235
Cumberland.....	409	99	310
Digby.....	188	154	34
Guysboro.....	104	79	25
Halifax.....	2015	368	1647
Hants.....	213	124	89
Inverness.....	110	81	29
Kings.....	313	143	170
Lunenburg.....	311	155	156
Pictou.....	387	75	312
Queens.....	103	66	37
Richmond.....	71	71	.....
Shelburne.....	109	79	30
Victoria.....	38	38	.....
Yarmouth.....	225	84	141

TABLE XLI—MARRIAGES—CONJUGAL CONDITION OF CONTRACTING PARTIES IN THE PROVINCE OF NOVA SCOTIA, 1940.

Total for the province.....	Marriages between												Per cent. of bridegrooms who were			Per cent. of brides who were					
	Total Marriages												Bachelors and			Widowers and			Divorced men and		
	Spinsters	Widows	Divorced Women	Spinsters	Widows	Divorced Women	Spinsters	Widows	Divorced Women	Spinsters	Widows	Divorced Women	Bachelors	Widowers	Divorced	Spinsters	Widows	Divorced			
	5,851	134	41	201	104	8	55	2	5	94.1	4.9	1.0	95.4	3.7	0.8						
	6,401																				

TABLE XLV—MARRIAGES—LITERACY OF BRIDEGROOMS AND BRIDES IN NOVA SCOTIA, CLASSIFIED BY BIRTHPLACE, 1940

BIRTHPLACE	Bridegrooms			Brides		
	Total	Illiterate	Per cent Illiterate	Total	Illiterate	Per cent Illiterate
Total.....	6401	76	1.2	6401	26	0.4
Canada	5848	73	1.2	5968	24	0.4
Prince Edward Island.....	125			97		
Nova Scotia.....	5071	70	1.4	5419	22	0.4
New Brunswick.....	192	3	1.6	162	2	1.2
Quebec.....	111			68		
Ontario.....	185			112		
Manitoba.....	37			28		
Saskatchewan.....	49			27		
Alberta.....	49			29		
British Columbia.....	28			24		
Province not Specified.....	1			2		
British Isles	217			110		
England.....	148			64		
Ireland.....	10			7		
Scotland.....	51			33		
Wales.....	7			6		
Other.....	1					
British Possessions	173	1	0.6	212	2	0.9
Newfoundland.....	155			206	2	1.0
Other.....	18	1	5.6	6		
Europe	47	1	2.1	18		
Austria.....						
Belgium.....				2		
Denmark.....	5			3		
Finland.....	2					
France.....	4			3		
Germany.....	4					
Holland.....	2					
Hungary.....						
Italy.....	6			2		
Norway.....	6					
Poland.....	5			3		
Roumania.....	2					
Russia (1).....	4	1	25.0	1		
Sweden.....	2			1		
Other.....	5			3		
Asia	1					
China.....	1					
Japan.....						
Other.....						
United States	105	1	1.0	89		
Various	6					
Not Specified	4			4		

(1) Including the Ukraine.



